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Personal Information You Choose to Provide to the Casey Life Skills Web site

Registration Information

The User may provide the Web site with information about yourself and your practices when you or someone with your permission elects to register on the CaseyLifeSkills.org and thereafter participate in any activities available on the Web site.

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casey life skills | terms of use

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By "user" and "you" we mean a person visiting CaseyLifeSkills.org.

By "Web site" we mean CaseyLifeSkills.org.

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Post or transmit any information you know to be false or misleading.

Post or transmit any information that, in Casey's opinion, is inappropriate for children.

Collect or store personal data about other users of the Interactive Areas.

Impersonate another person, whether a third party or a Casey representative or moderator, or falsely state or otherwise misrepresent your affiliation with a person or entity.

Post or transmit any unlawful, threatening, abusive, libelous, defamatory, obscene, vulgar, pornographic, profane or indecent information of any kind, including without limitation any transmissions constituting or encouraging conduct that would constitute a criminal offense, give rise to civil liability or otherwise violate any local, state, national or international law.

Post or transmit any information, software or other material that violates or infringes upon the rights of others, including material which is an invasion of privacy or publicity rights or which is protected by copyright, trademark or other proprietary right, or derivative works with respect thereto, without first obtaining permission from the owner or right holder.

Post or transmit any information, software or other material that contains a virus or other harmful component.

Post, transmit or in any way exploit any information, software or other material for commercial purposes, or which contains chain letters, junk mail, pyramid schemes or other forms of advertising.

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Name _____ Date _____

Daily Living

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I know where to go to get on the Internet.					
I can find what I need on the Internet.					
I know how to use my email account.					
I can create, save, print and send computer documents.					
I know the risks of meeting someone in person that I met online.					
I would not post pictures or messages if I thought it would hurt someone's feelings.					
If someone sent me messages online that made me feel bad or scared, I would know what to do or who to tell.					
I know at least one adult, other than my worker, who would take my call in the middle of the night if I had an emergency.					
An adult I trust, other than my worker, checks in with me regularly.					
When I shop for food, I take a list and I compare prices.					
I can make meals with or without using a recipe.					
I think about what I eat and how it impacts my health.					
I understand how to read food product labels to see how much fat, sugar, salt, and calories the food has.					
I know how to do my own laundry.					
I keep my living space clean.					
I know the products to use when cleaning the bathroom and kitchen.					
I know how to use a fire extinguisher.					

Self Care

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I can take care of my own minor injuries and illnesses.					
I can get medical and dental care when I need it.					
I know how to make my own medical and dental appointments.					
I know when I should go to the emergency room instead of the doctor's office.					
I know my family medical history.					
I know how to get health insurance when I am older than 18.					
I have at least one trusted adult who would visit me if I were in the hospital.					
There is at least one adult I trust who would be legally allowed to make medical decisions for me and advocate for me if I was unable to speak for myself.					
I know how to get the benefits I am eligible for, such as Social Security, Medicaid, Temporary Assistance for Needy Families (TANF), and Education and Training Vouchers (ETV).					
I bathe (wash up) daily.					
I brush my teeth daily.					
I know how to get myself away from harmful situations.					
I have a place to go when I feel unsafe.					
I can turn down a sexual advance.					
I know ways to protect myself from sexually transmitted diseases (STDs).					
I know how to prevent getting pregnant or getting someone else pregnant.					
I know where to go to get information on sex or pregnancy.					

Relationships and Communication

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I can speak up for myself.					
I know how to act in social or professional situations.					
I know how to show respect to people with different beliefs, opinions, and cultures.					
I can describe my racial and ethnic identity.					
I can explain the difference between sexual orientation and gender identity.					
I have friends I like to be with who help me feel valued and worthwhile.					
I am a part of a family and we care about each other.					
I can get in touch with at least one family member when I want to.					
I have friends or family to spend time with on holidays and special occasions.					
I know at least one adult I can depend on when I exit care.					
I know an adult who could be a grandparent, aunt or uncle to my children now or my future children.					
My relationships are free from hitting, slapping, shoving, being made fun of, or name calling.					
I know the signs of an abusive relationship.					
I know what my legal permanency goal is.					
I have information about my family members.					
I think about how my choices impact others.					
I can deal with anger without hurting others or damaging things.					
I show others that I care about them.					

Housing & Money Management

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I understand how interest rates work on loans or credit purchases.					
I understand the disadvantages of making purchases with my credit card.					
I know the importance of a good credit score.					
I know how to balance my bank account.					
I put money in my savings account when I can.					
I know an adult who would help me if I had a financial emergency.					
I use online banking to keep track of my money.					
I know the advantages and disadvantages of using a check cashing or payday loan store.					
I know how to find safe and affordable housing.					
I can figure out the costs to move to a new place, such as deposits, rents, utilities, and furniture.					
I know how to fill out an apartment rental application.					
I know how to get emergency help to pay for water, electricity, and gas bills.					
I know what can happen if I break my rental lease.					
I can explain why people need renter's or homeowner's insurance.					
I know an adult I could live with for a few days or weeks if I needed to.					
There is at least one adult that I have regular contact with, other than my case manager or other professional, who lives in stable and safe housing.					
I know an adult I can go to for financial advice.					
I plan for the expenses that I must pay each month.					

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I keep records of the money I am paid and the bills I pay.					
I know what happens in my state if I am caught driving without car insurance or a driver's license.					
I can explain how to get and renew a driver's license or state ID card.					
I can figure out all the costs of car ownership, such as registration, repairs, insurance, and gas.					
I know how to use public transportation to get where I need to go.					

Work and Study Life

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I know how to develop a resume.					
I know how to fill out a job application.					
I know how to prepare for a job interview.					
I know what the information on a pay stub means.					
I can fill out a W-4 payroll exemption form when I get a job.					
I know what employee benefits are.					
I know what sexual harassment and discrimination are.					
I know the reasons why my personal contacts are important for finding a job.					
I know how to get the documents I need for work, such as my Social Security card and birth certificate.					
I know how and when I can see my child welfare or juvenile justice records.					
I know an adult who will go with me if I need to change schools.					

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I know how to get help from my school's mental health services.					
I know where I can get help with an income tax form.					
I have an adult in my life who cares about how I am doing at school or work.					
I can take criticism and direction at school or work without losing my temper.					
I know how to prepare for exams and/or presentations.					
I know where I can get tutoring or other help with school work.					
I look over my work for mistakes.					
I get to school or work on time.					
I get my work done and turned in on time.					

Career and Education Planning

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I know how to find work-related internships.					
I know where to find information about job training.					
I can explain the benefits of doing volunteer work.					
I have recently talked to an adult who works in a job I would like to have.					
I know what type (college, trade school) education I need for the work I want to do.					
I know how to get into the school, training, or job I want after high school.					

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I know how to find financial aid to help pay for my education or training.					
I have talked about my education plans with an adult who cares about me.					
I know an adult who will help me apply for training or education after high school.					

Looking Forward

Are the following statements like me	No	Mostly No	Somewhat	Mostly Yes	Yes
I believe I can influence how my life will turn out.					
I can describe my vision for myself as a successful adult.					
I have a good relationship with a trusted adult I like and respect.					
I would like to use my experience to help other youth.					
I believe my relationships with others will help me succeed.					
I feel I am ready for the next phase of my life.					
Most days, I am proud of the way I am living my life.					
Most days, I feel I have control of how my life will turn out.					



EXIT ASSESSMENT					
<input type="checkbox"/> THPP			<input type="checkbox"/> THPP-NMD		
Participant Name:					
Agency Name:			Entry Date:	Exit Date:	
Contact Information:	Cell Phone		Email:		
New Address:					
Permanent Adult Connection:			Phone Number:		
The goals that I have achieved/completed while in the program (check all that apply):					
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Employment	<input type="checkbox"/> Other (please explain):	
1. How would you rate your training and overall experience while residing in the Program:					
<input type="checkbox"/> Most Helpful <input type="checkbox"/> Helpful <input type="checkbox"/> Neutral <input type="checkbox"/> Least Helpful <input type="checkbox"/> Not Helpful					
2. <input type="checkbox"/> I would recommend the Program			<input type="checkbox"/> I would not recommend the Program		
3. On a scale from 1-4 with 4 being the most positive, please rank your overall training:					
(4) Most Helpful (3) Helpful (2) Neutral (1) Least Helpful ↓					
___ Budgeting	___ Employment Skills	___ Decision-Making	___ Relationship Building	___ Other (specify):	
4. Where and with who will you live now?					
5. Are you employed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If marked Yes, are you employed (please select one) →		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
6. Are you in school: <input type="checkbox"/> Yes If Yes, what type? ↓					<input type="checkbox"/> No
<input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> 2 year college <input type="checkbox"/> 4 year college					
7. The best thing about the Program is:					
8. The Program could be improved by:					
9. What did you learn that you didn't know before you entered the Program:					
10. Were you able to save money?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Did you save enough money to move into an apartment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Participant Signature: _____

Date Completed by Participant _____

THPP-NMD Monthly Census

Agency: _____

Month of _____

No.	Unit Address	SPA	Unit Telephone Number	Case Manager/ Social Worker	Name of Participant (First , Last)	DOB	Gender	# Child Placed Together	Placing County	County Dept	Entry Date	CC Expiration Date
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Note(s):

Youth's Name

CSW/DPO Name

Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) Application

THPP-NMD is a countywide transitional housing placement program for court Nonminor Dependents (NMDs) age 18 up to 21. The program provides a safe living arrangement and supportive services, so NMDs can practice the skills needed to live independently upon exiting foster care. **THPP-NMD is not intended to be used as an emergent or short term placement option.**

For THPP-NMD Placements within Los Angeles County:

1. CSW/DPO contact the THPP-NMD Agency directly to confirm openings

THPP-NMD Agency	Intake Person	Telephone and Fax numbers	Housing Located in SPAs

2. CSW/DPO submits the following Intake Packet to the THPP-NMD Agency. An Intake Packet must be submitted to *each* THPP-NMD Agency the CSW/DPO is considering for placement of the NMD.

- | | |
|---|--|
| <input type="checkbox"/> THPP-NMD Application (pgs 2-4; NMD must complete) | <input type="checkbox"/> Status Review court report |
| <input type="checkbox"/> Case Plan | <input type="checkbox"/> Transitional Independent Living Plan (TILP) |
| <input type="checkbox"/> Health and Education Packet or similar document | <input type="checkbox"/> SOC 161 and <input type="checkbox"/> SOC 162 or 163 |

Some agencies may need additional documents to make an appropriate assessment.

3. Upon receipt of the Intake Packet, the THPP-NMD Agency will contact the CSW/DPO to request additional information and/or schedule an interview within 7 business days.

4. The THPP-NMD Agency will notify the CSW/DPO of NMD's acceptance or denial within 7 business days after the NMD has completed the interview process.

5. Upon placement, the agency must have the SOC 152 and the DCFS 709 or the previous Needs and Services Plan, if applicable.

For non-contracted THPP-NMD Placements, complete and submit the DCFS 6081 per existing THPP-NMD Special Placement Procedures.

For all THPP-NMD related information, CSWs may contact their respective Service Bureau Liaisons or send an email to: thpp@dcfs.lacounty.gov and DPOs may send an email to: probab12@probation.lacounty.gov.

Date received by agency :

To be completed by THPP-NMD agency

Revised: 7.26.18

Youth's Name

CSW/DPO Name

Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) Application

(Please TYPE or PRINT your application)				DATE:			
Youth's Name:				Case Number #:			
Home #:		Cell#:		Other #:			
E-mail address:							
Current Address:							
City:			State:		Zip Code:		
Birthday:			Age:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Parenting: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name(s) and Date(s) of Birth							
<u>CAREGIVER/CASE MANAGER:</u>				<u>GROUP HOME NAME:</u>			
Name:		Relationship:					
Home #:		Work #:		Cell #:			
<u>PERMANENT ADULT CONNECTION: (Person Who Can Always Find You)</u>							
Name:		Relationship:					
Home #:		Work #:		Cell #:			
Address:							
City:		State:		Zip Code:			
<u>DCFS/PROBATION INFORMATION:</u>							
CSW/DPO:		Email:					
Office #:		Cell #:		Fax #:			
Office Name:							
SCSW/SDPO:		Office #:					
ILP/Transition Coordinator:							
<u>HEALTH CONDITIONS:</u>							
<u>Mental Health Diagnosis:</u>		List any mental health issues, past or present:					
Therapist/Counselor Name:							
Office #:		Fax #:		Cell #:			
<u>Medications:</u> (Please list all over-the-counter and prescription medication, including psychotropic medication you are currently taking)							

Youth's Name

CSW/DPO Name

Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) Application**EXTENDED FOSTER CARE ELIGIBILITY CRITERIA:** (Attach SOC 161 to this application)

Please select the criteria that apply:

- ☐ Complete secondary education/equivalent credential
- ☐ Enroll in postsecondary/vocational education institution
- ☐ Employed at least 80 hours per month
- ☐ Participating in activity designed to promote or remove barriers to employment
- ☐ Incapable of doing any above activities due to medical condition

EDUCATION (Check the box for highest grade completed)
☐ 9th ☐ 10th ☐ 11th ☐ 12th` ☐ HSD ☐ GED

Name of High School:

HS Graduation Date:

College/Trade School attending or last attended:

Units completed:

I have earned a(n): ☐ AA/AS degree ☐ Vocational Certificate ☐ Other: Explain:**EMPLOYMENT INFORMATION:**Are you currently employed? ☐ Yes ☐ No If Yes, complete below

How long have you been employed?

Name of company:

Address:

City:

State:

Zip code:

Job position:

Work schedule (Hours/Days):

Supervisor's name:

Earnings per hour:

Previous work/volunteer experience ☐ Yes ☐ No

Name of company:

Dates:

Job/Volunteer position:

LEGAL/GANG HISTORY:Are you or have you ever been on adult Probation/Parole? ☐ Yes ☐ No

Probation/Parole office name:

Phone number:

If you were/are on Probation/Parole, please explain the nature of the incident:

Are you now or were you ever affiliated with a gang? ☐ Yes ☐ No

What gang?

Current status:

CSW/DPO Name

--

YOUTH'S PERSONAL STATEMENT
(Please Complete or Attach Your Personal Statement)

[illegible]

CSW/ DPO Signature: _____ Date: _____

THPP-NMD Referral and Screening Form (RSF)

Agency _____ NMD _____

DOB _____ Age _____ Gender _____

THPP-NMD Intake Packets will come directly from the CSW/DPO or department designee to the contracted providers. Providers may request additional documentation as needed to make a thorough assessment. The intake packet consists of the following documents. If you reviewed additional documents to evaluate the NMD please list them under *other*.

Intake Packet

- ☐ THPP-NMD Application ☐ SOC 161 ☐ SOC 162 or ☐ SOC 163
☐ Current Status or Judicial Review/Court Report ☐ TILP
☐ Case plan

Other

Outcome of Assessment/Interview

- ☐ NMD was interviewed ☐ NMD was ***not*** interviewed ☐ NMD was ***not*** interested
☐ NMD is ***not*** appropriate for THPP-NMD ☐ Agency ***cannot*** place NMD within 45 days
☐ NMD didn't follow thru ☐ NMD did not return phone calls (3 attempts)
☐ NMD didn't show-up for interview/appointment on _____
☐ CSW/DPO didn't follow thru ☐ CSW/DPO did not return phone calls (3 attempts)
- ☐ NMD has been accepted and has a **projected** move-in date of _____

ALL RSFs are to be sent to the referring CSW/DPO and respective CPM using the guidelines listed below.

Process for appropriate NMDs

Once the intake packet and any additional documentation has been reviewed, within 7 business days the provider will interview appropriate NMDs and determine if its program will best meet the NMDs needs. After the interview has been completed and all parties agree on pursuing placement, the provider is to submit the following items to the CPM for placement authorization:

- ☐ THPP-NMD referral and screening form ☐ THPP-NMD application
☐ TILP ☐ SOC 161 ☐ SOC 162 or ☐ SOC 163
☐ Pre-placement Appraisal
☐ Placement Information & Authorization Form (PIAF, Exhibit A-4) with the following attached:
 - ☐ CCLD License or recent Facility Evaluation Report
 - ☐ Certificate of Liability Insurance
 - ☐ Current Certificate of Compliance

- ☐ Proposed roommates: _____
 ☐ DCFS or ☐ Probation ☐ DCFS or ☐ Probation

CPM or designee will review the submitted items, sign and return the PIAF to authorize or decline placement.

THPP-NMD Referral and Screening Form (RSF)

Agency _____ NMD _____

DOB _____ Age _____ Gender _____

Process for inappropriate NMDs*

Once the intake packet and any additional documentation has been reviewed or after the NMD has been interviewed, and the provider determines the NMD is not appropriate for its program or THPP-NMD in general, the provider, within 7 business days following the interview, will notify the referring party of its decision **and** submit the following to CPM:

- ☐ THPP-NMD referral and screening form
- ☐ THPP-NMD application
- ☐ Pre-placement Appraisal (for NMDs determined inappropriate after interview)

Reason for denial:

☐ RSF sent to CSW/DPO_____
Date_____
Name of staff completing this document_____
Title_____
Signature_____
Date

**Intake packets for NMDs determined to be inappropriate for THPP-NMD will be reviewed by County staff to determine if NMD would benefit from supportive services (e.g. wraparound) to increase likelihood of acceptance and success in THPP-NMD.*

THPP-NMD Referral Log

revised 7.26.18

Agency: _____

As of (enter date) _____

No.	Name of Applicant (First, Last)	DOB	Gender	Received Date	Referral County	Referral County Dept	LA County DCFS Office	Interview/ Reviewed Date	Action (6 options)	Action Date	Length of Referral	Final Entry Date	Projected Entry Date	Comments
1											0	N/A		
2											0	N/A		
3											0	N/A		
4											0	N/A		
5											0	N/A		
6											0	N/A		
7											0	N/A		
8											0	N/A		
9											0	N/A		
10											0	N/A		
11											0	N/A		
12											0	N/A		
13											0	N/A		
14											0	N/A		
15											0	N/A		
16											0	N/A		
17											0	N/A		
18											0	N/A		
19											0	N/A		
20											0	N/A		
21											0	N/A		
22											0	N/A		
23											0	N/A		
24											0	N/A		
25											0	N/A		

AFTERCARE CONTACT FORM

Reporting Period: <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months		
Agency Name:		Exit Date:
Participant:	Date of Birth (DD/MM/YYYY):	Age:

☐ Planned ☐ Unplanned

Employed at Exit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in School at Exit (college, high school, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Destination at Exit:			
Destination Address at Exit:			
Cell Phone:	Email:		
Facebook User ID:	Instagram User ID:	Twitter User ID:	
Permanent Adult Connection Remain the Same: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If marked Yes please write N/A if marked No please explain:			

Contact Attempts for Reporting Period						
Date of Contact:	Method of Contact:	Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	
Describe Housing Status:						
<input type="checkbox"/> First Attempt <input type="checkbox"/> Second Attempt <input type="checkbox"/> Outcome:						
Date of Contact:	Method of Contact:	Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	
Describe Housing Status:						
Date of Contact:	Method of Contact:	Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	
Describe Housing Status:						
Date of Contact:	Method of Contact:	Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	
Describe Housing Status:						
Comments:						

☐ THPP☐ THPP-NMD

Date: _____

Youth Reproductive Health and Pregnancy

0600-507.10 | Revision Date: 02/04/19

Overview

This policy provides guidelines for CSWs to address reproductive health care such as sexually transmitted infections (STIs) and pregnancy with youth, including available resources and options for pregnant youth.

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Version Summary

This policy guide was updated from the 1/30/2017 version, to include State requirements related to addressing reproductive and sexual health care and related rights with youth and Non-minor Dependents (NMDs) and includes the duties and responsibilities of CSWs on providing youth and NMDs with unintended pregnancy prevention services and related sexual health care information (ACL 16-88).

POLICY

Reproductive and Sexual Health Care and Related Rights for Youth and NMDs

[State law](#) mandates social workers to inform a youth or NMD in foster care of his/her rights regarding sexual and reproductive health care to include as follows:

1. The right to receive medical services, including reproductive and sexual health care.
2. The right to consent to, or decline, medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for:
 - a. The prevention or treatment of pregnancy, including contraception, at any age.
 - b. Abortion, at any age.
 - c. Diagnosis and treatment of sexual assault, at any age.
 - d. The prevention, diagnosis, and treatment of STIs, at age twelve (12) and older.
3. The right to access age-appropriate, medically accurate information about reproductive and sexual health care without discrimination or harassment, including but not limited to:
 - a. The prevention of an unplanned pregnancy, including abstinence and contraception, at any age.
 - b. Abortion care and other pregnancy services, at any age.

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- c. The prevention, diagnosis, and treatment of STIs, including but not limited to, the availability of the Human Papillomavirus (HPV) vaccination, at age twelve (12) and older.

4. Confidentiality Rights:

- If the youth has the right to personally consent to medical services, such services shall be provided confidentially and maintained as confidential between the provider and the youth to the extent required by HIPAA. Disclosure of services may only be provided through written consent of the youth or through a court order.
 - When a youth has a right to consent, examinations and/ or treatment by a medical provider shall be private unless the youth specifically requests otherwise.
5. The right to be provided transportation to reproductive and sexual health-related services in a timely manner.
 6. The right to obtain, possess and use contraception of his/ her choice, including condoms.
 7. The right to storage space and to be free from unreasonable searches of his/ her belongings. Contraception cannot be taken away as part of a disciplinary measure or for religious beliefs, personal biases and/ or judgments of another individual.
 8. The right to independently contact state agencies, including the Community Care Licensing Division of the California State Department of Social Services (CDSS) and the State Foster Care Ombudsperson, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
 9. Depending on the type of facility and age of the child/youth/NMD, to have personal rights posted and/ or explained in an age and developmentally appropriate manner, and provided to the child/youth/ NMD.

In addition to those rights outlined in the [Foster Youth Bill of Rights](#), reproductive and sexual health care rights of youth and NMDs in out-of-home care should be given in a manner appropriate to the age and/ or development level of the youth or NMD upon entry into placement and [at least every six \(6\) months thereafter](#). "A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention" provides information on the roles and responsibilities of social workers in providing sexual health care information as well as guidance on addressing such matters with youth and NMDs.

See "[Documentation of Pregnancy and Parenting in CWS/CMS for Youth and NMDs](#)" odocumenting discussions related to the child/youth/NMD's reproductive rights and pregnancy.

Pregnancy Prevention & Avoiding Sexually Transmitted Infections

CSWs are permitted to distribute condoms to dependent DCFS youth in foster care. CSWs should consult with the manager of their respective DCFS office on the availability of condoms for distribution to youth and seek guidance from their assigned SCSW and PHN on how to [provide a](#)

educational context for the youth receiving condoms. CSWs can also refer youth/NMDs to the [condom project](#) for free condoms.

DCFS and Department of Public Health (DPH) Public Health Nurses (PHNs) are available for consultation with the CSW, for direct consultation with the youth/NMD, and for [joint response or collaborative planning](#) regarding all reproductive health issues.

Any DCFS served youth can be seen at any of the Medical Hubs for Reproductive Health Information and Discussion of Available Birth Control Options. For additional information, see [Overview of Youth's Rights for Sexual Health Services, Sexual Health Services Available at the Medical Hub Clinics and Reproductive Health Resources for Youth](#).

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Pregnancy

A youth/NMD's choice to [continue](#) or [terminate](#) her pregnancy is a very personal decision and the CSW must support the youth/NMD's decision without expressing personal bias or attempting to influence her decision. Youth/NMD should be directed to the [Planned Parenthood, a Los Angeles County Health Clinic](#) or an equivalent local family planning clinic for assistance in pregnancy testing and counseling/ education regarding her options. CSWs will ensure that the local, family planning clinic the youth/NMD is referred to provides counseling/education for a full range of options. These options include parenting, adoption, and pregnancy termination. A youth/NMD should also be encouraged to seek out people who will support her in making a decision, such as her partner, family, friends, clergy, or a professional counselor.

Revealing pregnancy information in the absence of a youth/NMD's written consent is a violation of her right to privacy. The right to such privacy also belongs to the father of the child if he is a dependent, thus his written consent is also required. This does not apply when documenting all non-reproductive/routine medical information in the youth/NMD's case file or on CWS/CMS, or when sharing medical information with health care providers when appropriate.

Continuing the Pregnancy

If a youth/NMD becomes pregnant, she has the right to continue her pregnancy, regardless of her age, marital status, or financial situation. All youth/NMD in care are eligible to receive [Medi-Cal](#) and financial support to provide for themselves and their children.

It is important that a pregnant youth/NMD visit a doctor for prenatal care, including:

- Regular check-ups during pregnancy
- Following guidelines for nutrition during pregnancy
- Getting enough rest
- Regular exercise

If a youth/NMD thinks she is pregnant, she should talk with her health care provider before taking any medications.

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Termination of Pregnancy

If a youth/NMD at any age does not want to continue a pregnancy, she has the legal right to terminate it. If the youth/NMD is under DCFS supervision, ensure that the youth/NMD's transportation needs are met, including transporting her, if necessary. The CSW does not have to transport the youth/NMD; however, the CSW is responsible for ensuring transportation needs are met. When appropriate, the youth or NMD should be encouraged to discuss her situation and her feelings about terminating the pregnancy with her partner, parents, or trusted adult. No one has the legal right to force a youth/NMD to terminate or choose not to terminate the pregnancy, regardless of the youth/NMD's age. Termination of pregnancy services are time sensitive. If the youth/ NMD's right to these services are being violated, the CSW shall ensure that the youth is able to obtain the services in a timely manner.

Family planning clinic staff will answer questions about types of abortions, fees, and services available. The cost of abortion is covered by Medi-Cal. Counseling for young women considering abortion is available at the [Planned Parenthood or a Los Angeles County Health Clinic](#).

Safe Surrender

The CSW, and DPO if the youth/NMD receives dual supervision, must inform any youth of childbearing age of the [Safe Haven](#) law and provide her with the Safe Surrender Hotline number 877 -BABY-SAFE. The law states that no parent/legal guardian who has custody of a minor child who is seventy-two (72) hours (three (3) days) old or younger may be prosecuted for child abandonment, if he/she voluntarily surrenders physical custody of the child to a designated employee at a public or private hospital emergency room. The law also allows for a fourteen (14) day "cooling off" period, during which the parent/legal guardian may return to reclaim the child.

Adoption

Adoption can be an alternative for a youth/NMD who does not feel prepared to raise a child but does not want to have an abortion. Adoption is a legal process, during which the youth gives up all rights and responsibilities as a parent. Adoption is permanent and cannot be reversed.

There are two methods for legal adoption in California:

- Through a private or government agency, where the agency takes full responsibility for all legal matters involved
- Independent adoption, where the parent locates an adoptive family on her own.

In both cases, the adopting family must be approved before the adoption process is final.

If the youth/NMD expresses an interest in adoption, CSWs should provide youth/NMDs with the DCFS Adoption Information/Intake number, (888) 811-1121 to seek assistance from an Adoption CSW to discuss adoption. CSWs should also provide the youth/NMD with their attorney's information so that they may get legal advice regarding adoption.

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Safe Pregnancy and Healthy Baby

Collaborative Planning with a Public Health Nurse (PHN)

When a youth/NMD chooses to continue a pregnancy and to become a parent, upon written consent, the CSW and a Public Health Nurse (PHN) co-located in the CSW's office will have a collaborative planning meeting with the youth. At this meeting, the youth/NMD's needs will be assessed and interventions to ensure a safe pregnancy and a healthy baby will be provided. These interventions may include, but are not limited to:

- A joint visit to the home, hospital, school, or office
- Sending for medical records
- Interpreting medical information
- Referrals to appropriate community agencies

The goal of the collaborative planning meeting is to develop a plan that protects the youth and her child's health and safety needs. During a CSW/PHN joint visit, the PHN will make skilled observations of the youth/NMD's general health, nutritional, and developmental status through the use of the Home Visit Observations Attachment to the Home Visitation Guidelines. All health information will be entered into the youth's Health and Education Passport.

When a home visit is indicated, the PHN and the CSW will meet at the youth/NMD's placement to assess her health, safety, and health practices. During the joint visit, the PHN will:

- Assist the CSW with the assessment of the home environment.
- Identify actual and potential health needs of the youth/NMD and her child(ren) through observation and interviews.
- Inform the CSW of any health and/or safety concerns.

Nurse Family Partnership (NFP) Program

A youth/NMD qualifies for the [Nurse Family Partnership \(NFP\)](#) program services if she meets all of the following criteria:

- Is receiving DCFS services
- Is pregnant for the first time
- Is no more than twenty-four (24) weeks pregnant
- Agrees to NFP program services

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The program provides home visiting services, beginning during the pregnancy and extending through the child's first two (2) years of life. The PHNs who visit the youth's home will focus on the new mother's health and on her development as a mother.

If NFP is not an option, consider other home visitation resources, such as Welcome Baby or explore early intervention programs, such as Early Head Start.

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Expectant and Parenting Youth (EPY) Conference

An Expectant and Parenting Youth (EPY) Conference (formerly Pregnant and Parenting Teen (PPT) Conference) is a voluntary proactive tool intended to identify and discuss issues related to pregnancy and early stages of child rearing for expectant or parenting youth, including fathers. EPY Conferences focus on planning for healthy parenting, identifying appropriate resources and services, and preparing for a successful transition to independence.

Early Infant Supplement (EIS) and Infant Supplement

EIS is for DCFS-supervised pregnant youth in placement to purchase items or services to help prepare for the birth of their infant. EIS monthly payment of \$415.00 is for pregnant youth in the 7th, 8th, and 9th month of pregnancy, prior to the birth of the baby. For pregnant youth who have not reached the age of majority (18 years old), EIS payments are issued to an out-of-home caregiver. For pregnant NMDs, EIS payments are issued directly to the youth, unless a specialized caregiving circumstance warrants otherwise.

EIS applications will only be accepted until the expected delivery date provided by the healthcare provider, or until the birth of the infant, whichever occurs first.

Pregnant youth residing in the home of one or both parents (HOP) are not eligible to receive EIS payments from DCFS since they are eligible to receive financial assistance from the Department of Public Social Services (DPSS) to prepare for the birth of their baby. However, if a pregnant youth residing in the home of a parent is denied assistance by DPSS due to not having an eligible immigration status, DCFS will provide EIS payments with verification of ineligibility from DPSS.

After the birth of the child, EIS payments will no longer be issued; however, if the newborn remains under the care of the youth, a referral for an Infant Supplement payment should be made by submitting a DCFS 280 request to the TA/EVW, and also requesting Medi-cal be issued for the infant.

Documentation of Pregnancy and Parenting in CWS/CMS for Minor and Nonminor Dependents

Under the requirements of [SB 794](#), data regarding pregnancy must be collected and reported. Pregnancy is a health condition which may be reported by the youth, their caregiver or physician. Due to the confidential nature of this information, conversations with youth about pregnancy-related topics should be handled with sensitivity and care to eliminate coercion regarding the disclosure of pregnancy status. Any disclosure regarding pregnancy requires the youth/NMD's written consent

There are two (2) ways to capture pregnancy information in CWS/CMS. Pregnancy information may be entered under the Observed Condition tab or under the Diagnosed Condition tab. The correct way to enter this data depends on whether the youth/NMD has consented to the release of information.

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Discussions related to the child/youth/NMD's reproductive rights and pregnancy may also be documented in the CWS/CMS Case Notes (i.e. Title XXs) with suggested language as follows:

- The CSW and the child/youth/NMD discussed topics of reproductive health.
- The CSW provided resources regarding reproductive health.
- The CSW offered to remove any barriers the child/youth/NMD may experience accessing reproductive health.

Under the requirements of [SB 528](#), complete and accurate data on parenting minor and NMD parents must be collected. The reported data must also include the parenting minor's or NMD's county, age, ethnic group, placement type, time in care, number of children they have, and whether the children are court dependents.

Entering Pregnancy Information as an Observed Condition

When a CSW first learns that a youth or NMD is pregnant, the information should be entered into CWS/CMS via the [Observed Condition](#) tab. This will ensure that the information is not automatically populated on the [Health and Education Passport \(HEP\)](#) and will keep the information private from caregivers and others such as school personnel, counselors, mentors and Foster Youth Services providers that receive copies of a youth's HEP. This information may not be relevant to the provisions of some types of services and supports and therefore need not be included in the HEP. Additionally, whenever possible, youth and NMDs should be consulted prior to the disclosure of any pregnancy-related information.

Entering Pregnancy Information as a Diagnosed Condition

Pregnancy information can also be entered into CWS/CMS under the [Diagnosed Condition](#) tab, although this manner of entering the information will result in the information being displayed in the HEP. Entering the pregnancy as a diagnosed condition is necessary when the youth has been hospitalized as a result of the pregnancy. If a youth or NMD has been hospitalized for a health issue related to the pregnancy, such as a pregnancy complication or due to giving birth to a child, the pregnancy must be recorded as a diagnosed condition in order to allow for entering the hospitalization information. Pursuant to WIC section 16010(a), any hospitalization must be recorded in a manner in which the information would be entered into the youth or NMD's HEP.

If a youth or NMD is hospitalized for a pregnancy related issue, please follow the instructions listed under [Assisting a Pregnant Youth/NMD](#) that shows how to properly capture this information. Whenever possible, youth and NMDs should be consulted prior to the disclosure of any pregnancy-related information, including that of pregnancy related hospitalizations.

Entering Parenting Information in CWS/CMS for Youth and NMDs

The [All County Information Notice \(ACIN\) I-73-16](#), provides information on the state-required guidelines for entering parenting information into CWS/CMS. Prior to release ACIN I-73-16, guidelines had been established via [ACIN I-60-15](#) to collect data on parenting youth via CWS/CMS data entry. An FYI was issued (FYI 16-01) on how to document the state-required information into CWS/CMS and an update to FYI 16-01 was released via [FYI 16-19](#). [Back to Top ^](#)

Cross Reporting to Law Enforcement

Any person who engages in an act of sexual intercourse with a youth who is not more than three (3) years older or three (3) years younger is guilty of a misdemeanor. Perpetrators who are more than three (3) years older than the youth, or any perpetrator age twenty-one (21) or older when the minor is under sixteen (16) years of age, has committed either a misdemeanor or a felony. In either case, the CSW must ensure that a [child abuse report](#) is made with DCFS and that a [cross report](#) is made to local law enforcement. In the absence of an emergency, prior to disclosure, the CSW must inform the youth that they will be disclosing this information and explain the reason for that disclosure.

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PROCEDURE

Prevention of Unintended Pregnancy for Youth and NMDs

CSW Responsibilities

1. Provide a copy of the [Foster Youth Bill of Rights](#) upon entry into foster care and at least once every six (6) months at the time of scheduled contact.
2. Provide access to age-appropriate, medically accurate information about:
 - a. Reproductive and sexual health care.
 - b. Unplanned pregnancy prevention, including abstinence, and use of birth control.
 - c. Options regarding pregnancy, including abortion.
 - d. Prevention and treatment of STIs.
3. Inform youth, in an age appropriate manner, of their rights to consent at any age to pregnancy-related care, including contraception, abortion, and prenatal care.
4. Inform youth of their right to consent at age 12 or older to the prevention, diagnosis, and treatment of STIs.
5. Inform youth and NMDs about their confidentiality rights regarding medical services and seek the youth's and NMD's written consent prior to any disclosure of their sexual or reproductive health information. Also, inform youth and NMDs of their right to withhold consent to such disclosure(s.)
6. Ensure youth are up-to-date on their annual medical appointments.
7. Ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and ensure any barriers are addressed in a timely manner.
8. Personal biases and/ or religious beliefs will not be imposed upon youth and NMDS.
9. Use the [reasonable and prudent parent stand](#) to create normalcy and to support the healthy sexual development of youth and NMDs based on their individual needs. See the [Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy](#)

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Prevention.

10. Provide youth/NMD with the youth-friendly brochure, "[Know your Sexual and Reproductive health Care Rights](#)."
11. Provide resources such as [Planned Parenthood](#), a Los Angeles County Health Clinic, and/ or a primary physician, information on condom availability, as well as other resources to address the [sexual health needs of DCFS-served youth](#).
12. Provide pregnant youth/ NMD with Reproductive Health and Parenting Resources for Teens in LA County. The resources listed in this document are not exhaustive, but will serve as a starting point for locating resources appropriate for the individual youth/NMD.
13. Document in the Case Plan any measures taken towards ensuring that items #1 through -#7 under, "[Reproductive and Sexual Health Care and Related Rights for Youth and NMDs](#)" were completed.

Assisting a Pregnant Youth/NMD**CSW Responsibilities**

1. Upon a youth/NMD's disclosure that she is pregnant:
 - a. With the youth's written consent, immediately inform PHN about the pregnant youth.
 - b. Document in the Health Notebook the pregnancy as an observed condition.
 - i. Click on the [Observed Condition](#) page tab.
 - ii. To add an Observed Condition, click the "+" in the Observed Condition grid to create a new row, and complete all known and mandatory fields.
 - iii. Under Condition, select Physical Health from the Category dropdown list and Pregnant from the Health Problem dropdown list.
 - iv. Add any known contact information regarding the pregnancy related health care provider in the Description box under the Health Problem dropdown list.
 - v. Any condition with the Alert box selected will populate in the Health and Education Passport (HEP).
 - c. If the youth/NMD has an open referral, discuss with the youth/NMD whether her family knows about the pregnancy and their attitude toward the pregnancy.
2. If the youth/NMD is hospitalized for a pregnancy related issue, in the Health Notebook:
 - a. Click on the [Diagnosed Condition](#) page tab.
 - b. To add a Diagnosed Condition, click the "+" in the Diagnosed Condition grid to create a new row, and complete all known and mandatory fields.
 - i. Under Condition, select Physical Health from the Category dropdown list and Pregnant from the Health Problem dropdown list.
 - ii. Add a Health Problem Description.
 - c. Click on the Hospitalization page tab.

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- d. To add a Hospitalization, click the "+" in the Hospitalizations grid to create a new row.
 - i. You will be prompted to Select Client Condition.
 - ii. Select the applicable Client Condition (Pregnant) from the Client Condition list.
 - iii. Click "Ok".
 - e. Complete all known and mandatory fields.
 - i. In the Hospitalization Comments, include information about the reason for the hospitalization. Examples may include severe morning sickness, premature labor, high blood pressure, or facts of the birthing including, but not limited to if the youth gave birth via a caesarean section, any birthing complications and information about the baby (e.g. names, weight, length, date of birth, apgars, etc.), etc.
3. Advise the youth/NMD of the family planning options available to her, including:
 - Terminating the pregnancy
 - Continuing the pregnancy and relinquishing the baby for adoption
 - Continuing the pregnancy and keeping the baby
 3. Reassure the youth/NMD that she will receive CSW support no matter her choice.
 4. Provide the youth with a copy of [Reproductive Health and Parenting Resources for Teens in LA County](#) prior to closing the referral or promoting the referral to a case.
 5. Refer the youth/NMD to [Planned Parenthood, a Los Angeles County Health Clinic](#) and/or a primary physician to further discuss her family planning options
 - If the youth/NMD is under DCFS supervision, ensure that the youth/NMD's transportation needs are met, including transporting her, if necessary. The CSW does not have to transport the youth/NMD; however, the CSW is responsible for ensuring transportation needs are met.
 6. Inform the youth/NMD of their right to confidentiality. If appropriate, encourage the youth/NMD to discuss family planning options with her parent(s)/legal guardian and her attorney.
 7. If a DCFS-supervised youth/NMD decides to continue her pregnancy, inform her of the [Nurse Family Partnership \(NFP\)](#) program.
 - If she wishes to participate and qualifies, refer her for the services.
 8. Offer the youth/NMD an EPY Conference, (formerly known as a Pregnant and Parenting Teen (PPT) Conference) to assist with planning for healthy parenting, identifying resources and preparing for a successful transition to independence as a young parent.
 - If the youth/NMD agrees, submit the [DCFS 174](#) requesting the EPY Conference via the referral portal to "PPT/EPY."
 9. Inform the youth/NMD of the [Safe Haven](#) law.
 10. If the youth has an open referral, arrange for a [joint response](#) with a PHN.

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11. For DCFS-supervised youth/NMD, depending on her decision, follow the appropriate procedure:
 - [Terminate the pregnancy](#)
 - Continue the pregnancy and [relinquish the baby](#) for adoption
 - Continue the pregnancy and [keep the baby](#)
12. Document on the "Observed Condition" tab in CWS/CMS that:
 - Referrals were provided to the youth/NMD(s) (mother and/or father)
 - The options for managing the pregnancy (family planning) were discussed prior to promoting the referral to a case, closing the referral, or on the open case.
 - Document in the Health Notebook information regarding the pregnancy and related medical treatment, including the name, address, and phone number of the physician providing prenatal care.
13. If a [Child and Family Team \(CFT\)](#) meeting is held, advise the youth/NMD that her pregnancy will not be revealed during the CFT unless she authorizes it.
14. If a youth/NMD's open referral is promoted to a case, incorporate financial and medical assistance, as well as pregnant teen programs, into the [case plan](#). Follow the procedures set forth in [For a Pregnant Youth under DCFS Supervision](#).
15. If a placement decision must be made for a youth/NMD, her prenatal needs must be considered along with the permanency needs of her family unit, if the youth chooses to become a parent.
 - The youth/NMD should be advised that not revealing her pregnancy status may lead to a placement move.
 - Discuss with the youth/NMD about the importance of informing the [Resource Parent](#) that they are pregnant so that they can help support her. If the youth/NMD declines to disclose her pregnancy to the Resource Parent, explore with the youth/NMD why they do not feel comfortable.
16. At each subsequent home visit:
 - a. Determine whether the youth/NMD and her family are using the referred resources.
 - b. Document that information in the Contact Notebook.

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Terminating a Pregnancy

CSW Responsibilities

1. Confirm that you have followed all of the steps in [Assisting a Pregnant Youth](#).
2. If the youth/NMD provides written consent and it has not been already completed, arrange for a collaborative planning meeting with a PHN.
3. Encourage the youth/NMD, if appropriate, to discuss her options with her parent (s)/legal guardian(s), attorney, or other trusted adult.
 - Reassure the youth that she will receive your support no matter what choice she makes.

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4. Ensure that the youth/NMD's decision to terminate the pregnancy is based on her knowledge of the available options.
 - Document the conversation to terminate the pregnancy in the Contact Notebook.
5. Refer the youth/NMD to Planned Parenthood or a Los Angeles County Health Clinic to further discuss and arrange for pregnancy termination services.
6. If the youth/NMD or Resource Parent requests it:
 - Assist her in making adequate arrangements for the abortion procedure and adequate recovery time.
 - Transport her to and from the location where the abortion procedure will occur.
7. Document information regarding the pregnancy and related medical treatment as well as conversations with the youth/NMD on the "Observed Condition" tab in CWS/CMS. Include the name, address and phone number of the treating physician.
8. Provide post termination supportive services as needed, and ensure the youth/NMD's attendance at follow-up medical appointments.
9. Provide resource to the youth/NMD for family planning counseling and/ or sexually transmitted infection (STIs).

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Relinquishing an Infant for Adoption

CSW Responsibilities

1. Confirm that you have followed all of the steps in [Assisting a Pregnant Youth](#).
2. If the youth/NMD provides written consent and it has not been already completed, arrange for a collaborative planning meeting with a PHN.
3. Inform the youth/NMD that adoption is a legal process, during which she gives up all rights and responsibilities as a parent, and that once adoption procedures are completed, the decision is permanent and cannot be reversed.
4. If the youth/NMD expresses interest regarding adoption, with the youth/NMD's consent, request assistance from a Resource Family Support Permanency Division CSW to engage the youth/NMD in a discussion of her feelings about going through pregnancy, the emotional impacts of adoption, adoption procedures, and other related questions for the youth/NMD to consider in making her decision. See [Discussion Questions for Pregnant Youth](#) for additional guidance. Document this conversation in the Contact Notebook.
5. Inform the youth/NMD that there are [two methods](#) for legal adoption in California.
6. Explain to the youth/NMD that they must discuss with their attorney, the legal implications of adoption. Provide the youth/NMD with their attorney's name and number of the main CLC number.
7. Assist the youth/NMD in contacting the father and obtaining his consent for the adoption.
 - If the baby's father is known, the father is required to give consent to the adoption.
8. Create a Client Notebook for the infant.

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- If available, include the name, address, and phone number of the biological father in the infant's Client Notebook.
9. Provide the youth/NMD with the DCFS Adoption Information and Applicant Intake toll-free number (888) 811-1121.
 - Only the infant's parents may decide to [relinquish the infant](#) and to call the Adoption Information and Applicant Intake section.
 10. Consult with PHN to obtain the guidelines for appropriate prenatal care from the College of Obstetricians and Gynecologists, and to ensure that the youth/NMD receives appropriate prenatal care.
 11. Inform the youth/NMD of the [Nurse Family Partnership \(NFP\)](#) Program. If she qualifies and agrees to participate:
 - a. Complete the NFP Referral Form.
 - b. If the mother is a nonminor dependent (NMD), she must sign a [DCFS 565](#), Authorization for Disclosure of [Medical Information](#) for Participation in the Nurse Family Partnership Program.
 - c. Give the completed form(s) to the PHN to submit. The NFP Program will send an enrollment status letter and quarterly updates to the PHN.
 12. Refer the youth/NMD and her caregiver to community resources, as needed or requested.
 13. For dual supervised youth (DCFS and Probation) or for previous probation youth, refer to the [Placement Permanency and Quality Assurance \(PPQA\) unit](#) via the youth's Deputy Probation Officer (DPO).

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Continuing a Pregnancy

A youth/NMD's pregnancy is confidential and thus without the youth/NMD's written consent, information entered into CWS/CMS and other documents, such as court reports, is not permitted except as described above under, "[Entering Pregnancy Information as an Observed Condition](#)" and "[Entering Pregnancy Information as a Diagnosed Condition](#)." Guidelines for documentation of each are described above under, "Assisting a Pregnant Youth/NMD."

CSW Responsibilities

1. Confirm that you have followed all of the steps in [Assisting a Pregnant Youth](#).
2. If the youth/NMD provides written consent and it has not been already completed, arrange for a collaborative planning meeting with a PHN.
3. Engage the youth/NMD in a discussion of her feelings about going through pregnancy, the responsibilities of parenting, planning for education and finances, and other related questions for the youth/NMD to consider in making her decision. See [Discussion Questions for Pregnant Youth](#) for additional guidance. Document this conversation in the Contact Notebook.
4. If not already offered and the youth/NMD agrees, refer the family for an EPY Conference (formerly known as a Pregnant and Parenting Teen (PPT) Conference) .

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5. Assess the youth/NMD's need for health, financial, placement/housing, and education resources.
 - Document assessments in CWS/CMS Contact Notebook with the youth/NMD's consent
 - Document assessments on the "Observed Condition" tab of CWS/CMS when the youth/NMD's consent has not been given.
6. Once the youth/NMD decides to keep the baby, talk to her about the [Nurse Family Partnership \(NFP\) Program](#). If she agrees to participate and qualifies for the program:
 - a. Complete the NFP Referral Form.
 - b. If the mother is a nonminor dependent, she must sign a [DCFS 565](#), Authorization for Disclosure of Medical Information for Participation in the Nurse Family Partnership Program.
 - c. Give the completed form(s) to the PHN to submit. The NFP Program will send an enrollment status letter and quarterly updates to the PHN.
7. Refer the youth/NMD to the [Adolescent Family Life Program \(AFLP\)](#).
8. Refer the youth/NMD and her caregiver to community resources, as needed or requested.
9. If the youth resides with a parent or adult relative who is receiving CalWORKS, refer her and the parent/relative to the Department of Public Social Services (DPSS) to determine the youth's eligibility for the Cal-Learn.
10. Consult with the PHN to obtain the guidelines for appropriate prenatal care from the College of Obstetricians and Gynecologists, and to ensure that the youth/NMD receives appropriate prenatal care.
11. Consult with the youth about identifying and contacting the father. If appropriate attempt to identify and locate the biological father. If identified, ensure that he is added to the family in the Client Notebook.
12. With the pregnant youth/NMD's consent, and if the biological father is willing, initiate face-to-face contact with him.
 - Document the contact or attempted contact in the Contact Notebook.
13. If the father is a [DCFS-Supervised](#) youth, provide him with referrals to community-based programs such as AFLP. If the father is a probation youth, provide referrals via the Deputy Probation Officer (DPO).
14. If the youth/NMD is reluctant to disclose her pregnancy to her out-of-home caregiver, advise the youth/NMD that not revealing her pregnancy status may lead to a placement move. Discuss with the youth/NMD about the importance of informing the Resource Parent that they are pregnant so that they can help support her. If the youth/NMD declines to disclose her pregnancy to the Resource Parent explore with the youth/NMD why they do not feel comfortable.
15. Refer the youth/NMD in foster care or in SILP to EIS:

Following the child's birth, ensure a referral is made for an [Infant Supplement as EIS payments](#) will no longer be issued. Refer to the "Early Infant Supplement (EIS) During a Youth's Pregnancy and Infant Supplement Following the Birth of a Child"

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section below.

16. Following the child's birth document parenting information into CWS/CMS utilizing the instructions in ACIN I-73-16.

PHN Responsibilities

1. Only after obtaining the youth/NMD's written consent document the pregnant youth/NMD referral in the CWS/CMS on the Special Projects page as follows:
 - a. Pregnant Youth – Referred to the NFP Program
 - b. Pregnant Youth – Status of referral to the NFP Program
 - i. Client accepted into NFP
 - ii. Client was not accepted into NFP
 - Did not meet intake criteria
 - Refused
 - No NFP capacity in geographical area
 - c. Pregnant Youth – Not referred to the NFP Program
 - i. Does not meet eligibility criteria
 - ii. Referred to Prenatal Care provider (list provider name)
 - iii. Youth declined
 - iv. Referred to other home visiting program (list program name)
2. Include the date when the action was taken or the notification was received on the Special Projects Page.
3. List the provider's name in the Comment section.

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Early Infant Supplement (EIS) During a Youth's Pregnancy and Infant Supplement Following the Birth of a Child

CSW Responsibilities

1. Provide a copy of the [EIS Fact Sheet](#) to the pregnant youth/NMD and, as applicable, to the youth/NMD's caregiver/ Foster Family Agency, group home/STRTP, or Transitional Housing Placement Program (THPP) provider, and discuss the availability and purpose of the EIS payments.
2. Obtain the signatures of the caregiver or authorized FFA/Group Home/STRTP/THPP representative and the pregnant youth under the age of 18 on the [Early Infant Supplement \(EIS\) Payment Agreement](#), at the time the decision takes place.
 - The EIS Payment Agreement is not required for NMDs.

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3. With the youth/NMD's written consent, obtain an official medical record from the pregnant youth/NMD, that includes verification of pregnancy and the Expected Delivery Date.
 - If an official medical record is unavailable, obtain the pregnant youth/NMD's signature on the EIS Health Care Provider Request authorizing the health care provider to disclose the youth/NMD's pregnancy and Expected Delivery information.
4. Complete the [DCFS 5540](#), Special Payment Authorization/Request with a request to implement three (3) months of EIS payments at a rate of \$415 each month.
5. Submit the following to the SCSW for approval:
 - The DCFS 5540, Special Payment Authorization/ Request
 - The official medical record containing verification of pregnancy and the Expected Delivery Date or, if applicable, the completed DCFS Health Care Provider Request with verification of pregnancy from the health care provider.
 - The signed EIS Payment Agreement is not required for NMDs.
6. Email the approved DCFS 5540 and supporting documentation in [item #5](#) to the DCFS EIS inbox: DCFS-EIS@dcfs.lacounty.gov
7. Notify the DCFS Child Welfare Health Services (CWHS) Section via email at DCFS-EIS@dcfs.lacounty.gov when new information becomes available regarding the following:
 - If the youth's situation changes, (i.e. if the youth is no longer pregnant, no longer a dependent, or if there is a change in the youth's address.)
8. As soon as the infant is born and under the care of the parenting youth/NMD, complete an automated DCFS 280 to initiate an Infant Supplement payment and the infant's Medi-Cal coverage.
 - Payments are provided to the caregiver (not to the youth), if the youth and infant are in out-of-home care, in the amount of \$900 per month; or \$1379 per month for group home/STRTP placements.
 - Payments are provided directly to the youth if placed in a Supervised Independent Living Placement.

APPROVALS

SCSW Approval

- Review and approve DCFS 5540

ARA Approval

- Review and approve DCFS 5540

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RA Approval

- Review and approve DCFS 5540

HELPFUL LINKS

Attachments

[Discussion Questions for Pregnant Youth/NMDs](#)
[Overview of Adolescent Health Information Forms](#)
[Resources](#)
[Know Your Rights for Sexual Health Services and Sexual Health Services Available at the Medical Hub Clinics](#)
[Youth Brochure: Know Your Sexual and Reproductive Health Rights](#)
[Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention](#)
[Reproductive Health and Parenting Resources for Teens in LA County](#)

Forms

[LA Kids](#)
[ABCDM228](#), Applicant's Authorization of Release of Information
[ABCDM228, \(Sp\)](#), Applicant's Authorization of Release of Information
[DCFS 174](#), Family Centered Referral and Services Form
[DCFS 179-PHI](#), Authorization for Disclosure of Child's **Protected Health Information (PHI)**
[DCFS 179-PHI \(Sp\)](#), Authorization for Disclosure of Child's Protected Health Information (PHI)
[DCFS 565](#), Authorization for Disclosure of Medical Information for Participation in the Nurse Family Partnership Program
[DCFS 5540](#), Special Payment Authorization/Request
[Parenting Youth or Non-minor Dependent \(NMD\) Consent to Document and Share Her/His Non-Dependent Child's Health Information](#)

Referenced Policy Guides

[0050-501.10](#), **Child Abuse** and **Neglect** Reporting Act (CANRA)
[0050-502.10](#), Child Protection Hotline (CPH)
[0070-520.10](#), **Safely Surrendered Babies** (SSB)
[0070-548.01](#), Child and Family Teams
[0070-560.05](#), Joint Response Referral: Consulting with PHN
[0080-502.10](#), Case Plans
[0100-510.40](#), Teen Parents in Foster Care and DPSS Services Assessment
[0200-508.10](#), **Relinquishment** Procedures and the Statement of Understanding

Referenced FYIs

[FYI 16-19](#) (May 16, 2016), CWS/CMS 7.4 CODE DROP SUMMARY

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[FYI 18-05](#) (February 9, 2018), Early Infant Supplement (EIS)

Statutes

[All County Information Notice \(ACIN\) No. I-73-16 \(October 19, 2016\)](#) - Provides guidance regarding how to document minor and NMD parents in CWS/CMS.

[All County Letter \(ACL\) 14-38](#) (June 16, 2014) – Summarizes the requirements as outlined in [Senate Bill \(SB\) 528](#) regarding the rights of foster children, ages 12 and older, and NMDs in out-of-home care. SB 25 permits a social worker to provide dependent children and NMDs with age-appropriate, medically accurate information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted infections on an ongoing basis.

[ACL 16-31 \(April 22, 2016\)](#) - States that caregivers to use the reasonable and prudent standard, and defines the reasonable and prudent parent standard under federal law.

[ACL 16-32 \(April 28, 2016\)](#) – Summarizes the requirements as outlined in Senate Bill (SB) 794 regarding federal reporting requirements for the collection of data regarding the youth and NMDs in foster care that are pregnant or parenting in CWS/CMS.

[ACL 16-82 \(September 30, 2016\)](#) – Provides information and guidance related to legislative changes and existing law on the reproductive and sexual health care and related rights of youth and NMDs in foster care.

[ACL 16-88 \(October 12, 2016\)](#) – Provides guidelines that describe the duties and responsibilities in delivering unintended pregnancy prevention services and information to youth and NMDs.

[ACL 18-44 \(May 1, 2018\)](#) – Provides new resource materials and tools to support the sexual and reproductive health of youth and NMDs in foster care.

[ACL 18-61 \(June 20, 2018\)](#) – Authorizes social workers to inform a youth or NMD in foster care, beginning at age ten (10), of his/her rights regarding sexual and reproductive health care.

[Civil Code \(CIV\) Section 56.103](#) – Allows CSWs to receive Protected Health Information (PHI) related to service coordination, delivery, and treatment for foster youth.

[Family Code \(FAM\) Section 6925](#) – A minor may consent to medical care related to prevention or treatment of pregnancy, except sterilization. A minor may receive birth control without parental consent.

[FAM Section 6926](#) – A minor who is 12 years of age or older may consent to medical care related to the diagnosis, treatment, or prevention of a sexually transmitted disease.

[FAM Section 6928](#) - A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault.

[Welfare and Institutions Code \(WIC\) 369](#) – If a dependent child is 12 years of age or older, his or her social worker is authorized to inform the child of his or her right as a minor to consent to and receive those health services, as necessary. Social workers are authorized to provide dependent children access to age-appropriate, medically accurate information about sexual development, reproductive

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health, and prevention of unplanned pregnancies and sexually transmitted infections.

[Welfare and Institutions Code \(WIC\) 16001.9](#) - States minor's and NMD's rights.

[Welfare and Institutions Code \(WIC\) 16002.5](#) - States in part that complete and accurate data on parenting minor and NMD parents is collected.

[Welfare and Institutions Code \(WIC\) 16521.5](#) - States in part that adolescents, including NMDs, are to receive age-appropriate pregnancy prevention information to the extent state and county resources are provided.

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Additional Assessments

These **free additional assessments** are available to help practitioners and caregivers attend to life skills relevant to youth with particular characteristics or circumstances. These assessments were developed by content experts and vetted by young people and professionals. Each assessment takes approximately 20 - 30 minutes to complete.

Like the Casey Life Skills Assessment (CLSA), they are scored on a scale of 1 – 5 and practitioners can see a youth's average scores on the assessment results. Co-administration of these assessments with the primary CLSA may provide a more thorough picture of a young person's overall life skills readiness and preparation.

To have youth take one of these additional assessments, have youth select the assessment from the assessment type drop down box on the Login page.

Pregnant and Parenting Assessments

Healthy Pregnancy

Addresses a range of prenatal and post-partum care issues that pregnant youth need to know. This 31 item assessment addresses skill areas important to having a healthy pregnancy, birth and recovery: medical, daily habits and care, safety and well-being, newborn care, self-care following birth, and expectant fathers.

Parenting of Infants

This 77 item instrument is designed to help parents of infants—birth to one year—learn skills and gain knowledge. It covers health, nutrition, child care, safety and well-being, child growth and development, and nurturing behaviors. The assessment helps young people gain knowledge and heighten self-awareness about proper parenting—skill areas needed to insure healthy babies.

Parenting Young Children

A 61 item assessment that covers skill areas to promote positive parenting of young children—ages two to six years—including health, nutrition, child care, safety and well-being, child growth and development, and nurturing behaviors. Very young parents may lack knowledge about toddlers in regards to their health, nutrition, and safety. This assessment promotes conversation between parents and teachers in order to improve overall parenting skills.

Education Assessments

The Education Assessments cover factors related to school performance and attitudes, school climate and safety, home support for education, high school completion, and enrollment in and completion of a postsecondary education and training experience. Aspects of the education experience include expectations and support from teachers and caregivers, school support for a youth's cultural identity, attendance and behavior, achievement in basic skills, study skills, school engagement and motivation, planning for postsecondary education and training, and determining support services.

Type of Assessment	Grades	Number of Items	Areas Assessed
Level 1 Elementary School	4 – 5	76	Specifics about a youth's school or program, motivation, academic success, technology and study skills, time management, supportive connections, financial aid and debt, health, foster care issues, and feelings of safety in school, and, if applicable, disabilities and other education challenges
Level 2 Middle School	6 – 8	102	Similar to Level I
Level 3 High School	9 – 12	106	Similar to Levels 1 & 2 plus assessing a youth's plans for after high school
Level Postsecondary	Two and four-year college, vocational and technical training	105	Similar to Level III plus advanced study skills, a sound knowledge of technology, and stable, supportive relationships
Educational Supports	All ages	32	IEP or 504 Plan support and assistance for young people with disabilities

These assessments serve as a "snapshot" of a student's strengths, needs, and areas of concern for educational planning. They are applicable for youth of all genders, races, ethnicities, and sexual orientations. These assessments do not measure academic skills and knowledge, but they do contain probes in math, reading, written language, technology, and transition planning. All levels have been reviewed by K-12 and postsecondary experts to assure that the probes relate to factors directly related to school success. The Educational Supports Assessment helps to inform conversations, counseling and formation of IEP's and 504 plans.

Gay, Lesbian, Bisexual, Transgender, and Questioning Youth Assessment (GLBTQ)

The number of young people in foster care who are GLBTQ is not known, however research estimates this population to be between 4 percent and 10 percent. Addressing the particular needs of LGBT youth is a relevant concern for child welfare agencies because youth are "coming out" at younger ages than ever before, and this presents a unique set of challenges for both families and child welfare systems. This assessment has 81 items and covers GLBTQ terminology, self-concept, community resources and supports, health, environment and safety, and family and community values.

The GLBTQ Assessment is to be used only with youth who have self-identified as GLBTQ and/or expressed an interest in this area. If you believe you have a youth who may be GLBTQ, it helps to create a positive environment to let them know you are a caring provider and receptive to helping them. For guidance on how to treat your GLBTQ clients with dignity and respect [click here to access Caseworkers with GLBTQ Clients PDF](#).

American Indian Assessment

The American Indian Assessment is designed to address the unique cultural needs of American Indians in maintaining their cultural identity while navigating between two worlds. The 27 items covered include religious and spiritual beliefs, resources and trust, tribal affiliations, family and community values, and living in two worlds. It was built in collaboration with tribal elders, community leaders, parent and youth from tribes across the United States.

This assessment may help American Indian youth as they struggle to retain their tribal values when living in large, urban settings and difficulty they may experience when they return to their tribal community. In addition, identity and spiritual development for American Indian youth may have a different pattern than that of non-native youth. This self-report can promote conversation between the youth and responsible caregivers or other adults.

Homeless Youth Assessment

This 48 item assessment addresses issues of care for youth living on the streets. It taps domains crucial to insuring they understand the resources available to them, ways to be safe, how to avoid victimization, and how to secure safe and sustainable housing. It covers knowledge and behavior in the skill areas of daily life, family and friends, health, housing, jobs, legal, safety and survival, and school. Heightened self-awareness for homeless young people may result in successfully and permanently leaving homelessness and achieving greater long-term success.

Younger Youth

Youth Assessment Level I (elementary ages)

This 33-item assessment is appropriate for younger youth ages 8-9 or any young person with reading and/or developmental challenges. Youth can self-report on communication, daily living, home life, self-care, and work and study skills.

Youth Assessment Level II (middle school ages)

With 49 items, this assessment is for youth ages 10-13. Like Youth Level I, it may be useful for young people with reading and/or developmental challenges. It assesses areas in communication, daily living, self-care, social relationships, and work and study skills.

CORE PRACTICE MODEL

HANDBOOK



WHAT IS THE CORE PRACTICE MODEL?

The Core Practice Model is a deeper way to work with families to improve safety and outcomes for children. It helps children and families build supportive teams that enable them to identify their strengths and underlying needs in a trusting, positive environment. These insights become the foundation of more effective action plans for change that are tailored specifically to each child and family and rooted in strong community support.



For more information, visit
www.GetToTheCore.org

DEAR COLLEAGUE,

We are pleased to share this Core Practice Model Handbook to assist you in your work on behalf of children and families in Los Angeles County.

The Handbook is a brief reference tool for social workers, therapists, and other professionals as we continue expanding Core Practice Model (CPM) implementation countywide. While not a comprehensive manual to the CPM, the Handbook is intended to be a useful guide with reminders, insights and tips to help you make a positive difference for the children, families and communities we serve.

The Core Practice Model represents a powerful evolution of our child welfare practice to meet children's underlying needs, strengthen families and engage communities. We thank you for your ongoing commitment and dedication to improving our work together.

Sincerely,

Philip L. Browning
Director, Department of Children and Family Services

Robin Kay
Acting Director, Department of Mental Health

HOW TO USE THIS HANDBOOK:

This handbook is intended to be a useful resource as you carry out the Core Practice Model in Los Angeles County. It is designed to be a convenient and portable resource, fitting easily into a purse or jacket pocket.



Add your own tips.

Use this book as a starter and then mark it up. A well-used book is much better than the original.



Share your thoughts.

Talk to others about what works for you, both in the book and in the world. Build your own community of practice where you can bounce ideas off one another.

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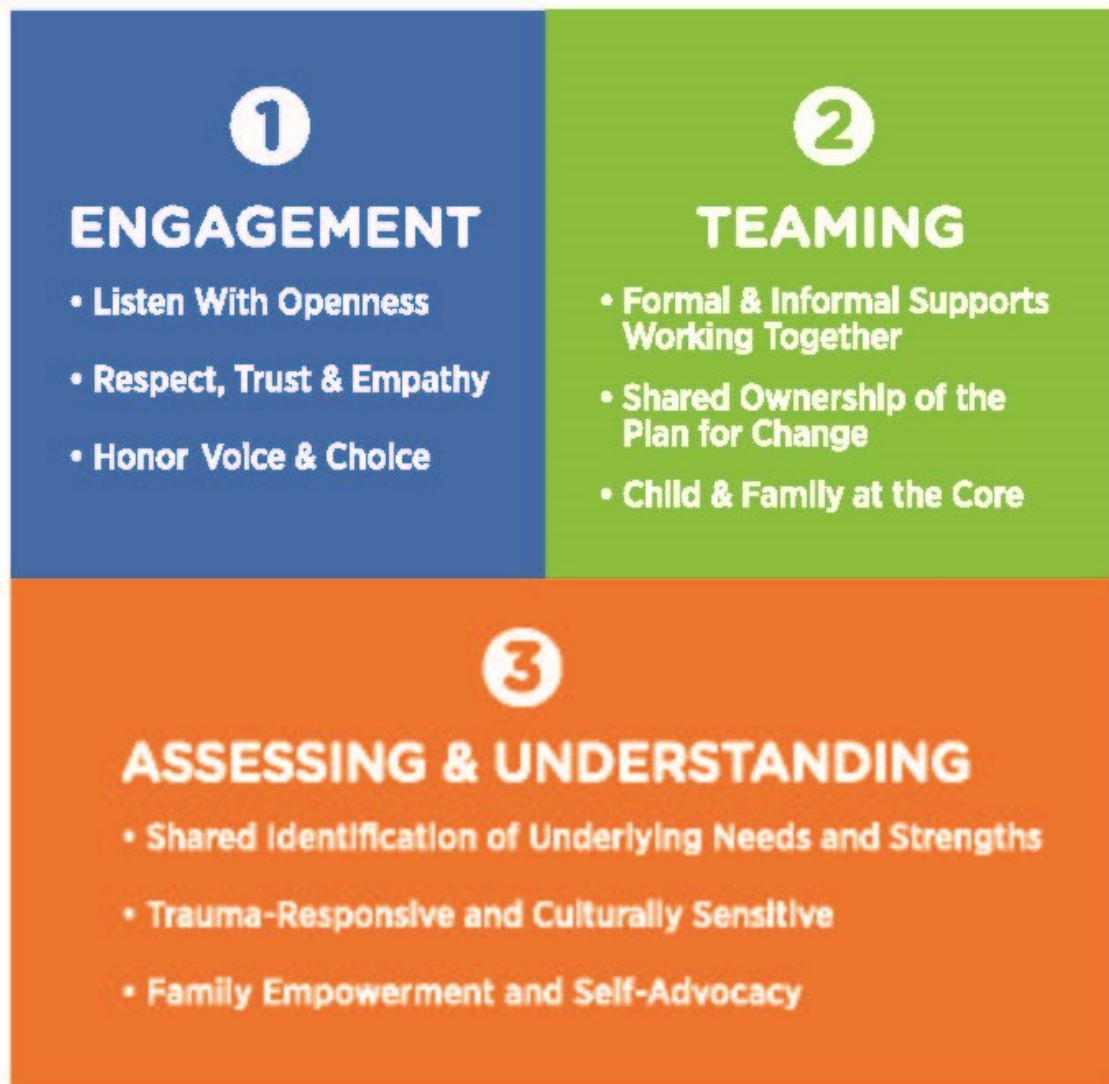
CORE PRACTICE MODEL OVERVIEW

An evolution of our current practice, the Core Practice Model **Prioritizes Child Safety** while emphasizing strengths over deficits, underlying needs over behaviors, and empowerment over helplessness.

For social workers and other staff, the Core Practice Model helps **Build Trust** with children and families and enables stronger teamwork. For children and families, it creates the **Opportunity to be Heard and Empowered** that is grounded in strong community support.

If implemented with fidelity, this approach is designed to improve child safety and permanency and provide **Hope for Healing and Recovery.**



CORE PRACTICE MODEL**BUILDING BLOCKS**



4

PLANNING & INTERVENTION

- Services Tailored to Underlying Needs
- Measureable Goals, Understood By All
- Families Own Their Plan

5

TRACKING & ADAPTING

- Continuous Monitoring of Progress & Effectiveness
- Adjustments Based on Team Assessment
- Evolve Plan to Achieve Long-Term View

SAFETY

IN ALL THE WORK WE DO, THE SAFETY OF THE CHILD AND FAMILY MUST REMAIN AT THE FOREFRONT.

Here are some ways that we focus on keeping children safe in all elements of the Core Practice Model:

Transparency and full disclosure. We communicate clearly about worries among the family and the Department. Building our partnership from shared goals helps keep children safe.

Teaming with people who know the child, youth, and family. Building rapport with team members as well as the family means more people are looking out for the children – including those who know the safety worries in the family. Building a ‘village’ and safety net pays off, even when we are not around, and enables us to develop a deeper understanding of the family.

Working the team agenda. The team agenda addresses child safety in multiple areas:

- **Non-negotiables** make clear that child safety is the bottom line, and help the team understand what must happen to keep children safe.

- **Strengths-Worries-Needs.** Focusing on strengths gives hope that the youth or family can overcome this challenging time. Moving on to worries allows the entire team to talk about safety worries for the family. Keeping this element in the agenda and sharing the language of worries also makes it more likely that stakeholders will act if they believe the family is unsafe. Finally, identifying the underlying needs of children and families enables the team to develop an individualized plan tailored to address them.
- **The plan.** The plan should be based on the underlying needs of the family, starting with the children. Meeting these underlying needs will improve child safety and family functioning. As part of the plan, teams often create a circle of support that gives the family ongoing assistance, especially in difficult times.
- **What Could Go Wrong?** This part of the meeting focuses on the possibilities that could prevent the plan from succeeding. In this section of the meeting, the team agrees on how to intervene to keep the child safe.

Ongoing engagement and teaming.

This allows the worker and team members to track when things go well and when times get tough. Tracking and adapting is central to our work, so the ongoing meetings allow the team to deepen their commitment to child safety as well as their ability to support the family after the case is closed.

Non-negotiables should be minimal to allow the family team to generate ideas within the brainstorming part of teaming and planning work. CSWs and other staff should know the non-negotiables for each case, through consultation with the SCSW and input from any transferring staff (ER, DI, prior worker, etc).

Adherence to court orders should be a given.

The team, worker or parent may decide to return to court to get court orders changed, but for now the team members must all uphold what the court has ordered for the family. Of particular importance:

- Custody and contact/visitation orders
- Orders related to Substance Abuse and Intimate Partner Violence

When there are no court orders, state the safety standards that the agency is going to set.

These could include:

- The children cannot be cared for by anyone whose judgment is impaired by the influence of drugs or alcohol
- The children cannot be left alone without adult supervision
- The children must be free from physical harm
- The children's medical needs must be met (for medical condition-related referrals)

The primary non-negotiable is always, the children must be safe. Facilitators should enlist the family and team to support this goal, possibly by saying:

“Can we agree that we will respect these non-negotiables and ensure our plan protects the safety of these children?”

UNDERLYING NEEDS

Identifying and addressing the underlying needs of children and families is fundamental to our practice. Underlying needs are what **drive the behaviors** that often worry or challenge us. In many cases, challenging behaviors are the **symptoms of unmet needs**. In order to be effective, case plans must be individualized and directly address the needs of a child and family – not just the behaviors.

WHEN
CONFRONTED WITH
A CHALLENGING
BEHAVIOR, ASK
YOURSELF: "WHAT
UNDERLYING NEED
MIGHT BE AT
WORK HERE?"

Needs often revolve around **SAFETY** (children need to feel emotionally and physically safe), **WELL-BEING** (children may need to talk about their fears or losses), and **PERMANENCY** (children need to know where they will grow up and need to have a family and community they can call home.)

NEEDS ARE NOT BEHAVIORS, AND NEEDS ARE NOT SERVICES.

Examples:

Acting out at school is a **behavior**. Addressing an undiagnosed learning disability that prompts the behavior may be a **need**.

Counseling is a **service**. It may help meet a need by giving a child a safe place to express her feelings – **but counseling itself is not the need**.

How can we identify underlying needs? It all starts with **engagement**. Be genuinely curious! **Ask skillful questions** and **listen with openness** – these are key to uncovering the strengths and underlying needs of the youth and family. Exploring hunches to reach a shared view is also important. Bear in mind that addressing the underlying needs of a child or youth may require addressing the underlying needs of the family, as well.

Remember: you don't have to have all the answers! When we team with youth and families and their supports, we can *all* work to identify underlying needs, and brainstorm individualized plans to meet them.

By partnering with others to identify and respond to underlying needs, families are more likely to enjoy safer and longer-lasting outcomes that help children thrive.

STRENGTHS

Think back to a time when you were challenged to do something you believed was beyond you, **but over time you managed to accomplish that very thing.** Chances are you were motivated by the encouragement you received from others who inspired you to **“put your best foot forward”** and remember what makes you competent and capable. The strengths work in the Core Practice Model mirrors this natural and continuous process.

A focus on strengths is a fundamental part of the Core Practice Model. For children and families, understanding their strengths and capabilities can be an empowering discovery, connecting them with resources they can draw upon to bring about change in their lives.

One of the best ways to engage and motivate children and families is to remind them of strengths demonstrated in other situations that can be brought into the present circumstance. We are looking for more than superficial strengths; we are looking for **functional strengths** that can be used in service of the goal of child safety.

EXAMPLES:



“When things are better for you and your family, what specifically will be different?”



“When you have worked through difficult issues in the past, what has helped you?”



“It sounds as if you have already survived a great deal. What is it about you that makes that possible?”



“Was there ever a time when you were just as angry, and yet you didn’t act out?”



“On a scale of 1 to 10, how would you rate your willingness to stop drinking? What do you think it would take to raise the number closer to 10?”



“When you think about your own childhood, what would you say you do differently or better than your parents?”

QUESTIONS TO HELP THE CONVERSATION

QUESTIONS FOR CHILDREN:

**Tell me about
your best day
ever.**

**What happened
that day that was
different or better
than usual?**

**Who was there?
What was everyone
doing?** *(Can help
identify additional
supports)*

**Tell me what
you were doing.**
*(Gets to personal
strengths and
interests)*

**Tell me what you like
best about your family.**

*(Identifies what we
want to keep or re-create)*

**Tell me what's
going well for
you right now.**

**Tell me what you
might be worried
about right now.**

**What advice can
you give me on how
to do my best work
with you and your
family?**




QUESTIONS FOR OLDER YOUTH:

Tell me about what you're best at. How often do you get to do that? Are there ways that I can support you in getting more (training, opportunities, freedom) to keep doing what you love?

Tell me how we can best work together.

You have a lot of responsibility. What would you most like someone to 'take off your shoulders'?

What are some decisions you get to make on your own right now? What decisions, if any, do you think you should be more or less involved in?
(Establishes a discussion about family voice and choice, and opens door to working together on important decisions.)



How do you think adults in your life view you? What else would you want them to know about you? *(Builds to ways that youth can take control of their relationships and network.)*

Share with me who you trust the most to give you good advice. *(Builds to a circle of support.)*

What makes you proud?

If you were to build a team of people to help you, who would you put on that team? *(Builds team list and resources.)*

QUESTIONS FOR PARENTS AND CAREGIVERS:

What do you think
your child needs?

Take me back to
when things were
going well.

Tell me what
your child is
looking forward
to right now.


What safety
worries does the
team have?


What are some of
the things that are
difficult for your
child right now?




TIPS FOR WHEN YOU GET STUCK

WHEN A FAMILY IS SO ANGRY THAT THEY DO NOT WANT TO PLAN OR TEAM WITH YOU:

 **First, listen.** Hear their perspective, reflect back to show you are paying attention, and use your best listening skills to help the person or family feel heard. (*Engagement.*)

 **Talk quietly and at a pace that is calming (not condescending, but calming).** Find points of agreement, ask for ideas, and above all, have your body language show that you are listening openly. (*Engagement.*)

 **Then, listen again. Repeat what you heard as the major points and make sure you heard correctly.** Empathize with the emotions that are expressed and find ways to reinforce that you can see strengths in the youth or family. “I know this must be really frustrating for you and your family. You obviously care a lot about what is happening.” (*Engagement and Assessing & Understanding.*)



Let the identification of the child's needs forge common ground.

Encourage the family to think about and discuss their child's needs. This will help refocus the conversation on the purpose of your involvement. (*Engagement and Assessing & Understanding*)



When the temperature is a little lower, invite the family to think about what help would look like to them.

Bring forward some of the worries they have shared and help them envision having help from friends, family, and professionals in coping with this situation. (*Teaming.*)



Leave them thinking about a solution. Give people permission to think about it and let you know how it could work for them.

Empowering people to make decisions that impact their lives is a key component of the Core Practice Model. (*Teaming.*)



Remind families they have not failed... they have just been temporarily derailed.

Continuing to offer support and empowerment is the key to building trust, and allowing people to make their decision in their time is true respect. Keep it going.

TIPS FOR WHEN YOU GET STUCK:

WHEN A FAMILY OR YOUTH TELLS YOU THEY HAVE NO ONE TO INVITE ONTO THEIR TEAM, OR THEY ARE TOO EMBARRASSED TO ASK:



Empathize with how it must feel to wonder if you have any support or anyone you can trust – especially in a moment of crisis. Leave room and space for their ideas and thoughts as you speak together. (*Engagement.*)




Invite reflection: When was a time when you *did* have support or people who would come out for you? What was that like? Who was there? (*Engagement and teaming.*)



Offer to help parents and/or youth reach out to someone where the bridges were burned. Emphasize that you will not share case details, but that you will share the family goal and seek some way to get people together for support. (*Teaming.*)



Make finding supports a part of your offer to help. Teaming can be used to identify

 **to help.** Teaming can be used to identify ways for children, parents and youth to build up a depleted network. It's okay to start with a small team consisting of the individual/ family and a few professionals, and then build up the circle of support. The agencies involved can help, as well.



What's your tip?

WHEN YOU ARE COMPLETELY OVERWHELMED WITH THE TRAUMA AND CIRCUMSTANCES OF THE FAMILY:



Take a deep breath. Oxygen helps.



Listen not only for loss, but for resilience.

Many families tell us of loss and trauma from the past. In telling us these stories, they are also sharing what they have survived.



Remember that although you and the youth cannot rewrite the past, you can help them write the future. With the support of a team that has resources and commitment, this may be a turning point for a child, youth or family.

**Create rituals to return to your own, real life.**

When work is done, take a moment to center yourself before returning to your life. This can include working out, yoga, meditation, a walk, a bike ride, music, art or poetry. It can even be as simple as taking the long way home to catch sight of something beautiful to you.

**Remember: you are making a difference.**

Your presence matters, and you deserve to take care of yourself and your emotional and physical health at the end of a draining day. This is self-care, and will help you as you continue to work with families.

**What's your tip?**

HOW AM I DOING?

WAYS TO SELF-ASSESS MY WORK WITH THIS FAMILY:

Engaging

- ✓ Did I listen with openness?
- ✓ Did I nurture honest dialogue?
- ✓ Did I look beneath the child's behavior to identify underlying needs?
- ✓ Did I help find and build connections to support the child or youth?
- ✓ Did I explore relationships that may impact the child's/youth's safety and well-being?
- ✓ Did I ensure connection and support?

Teaming

- ✓ Did I help the family identify and build natural supports?
- ✓ Did I honor the family's unique culture, community and experience in helping them design their team?

- ✓ Did I encourage the team to share thoughtful hunches about the child's needs?
- ✓ Did I connect the child/family/youth to supports or advocates?
- ✓ Did I show the caregiver respect and offer resources to assist them in their role?
- ✓ Did I facilitate sharing of important information across all parties?



Assessment

- ✓ Did I promote self-advocacy and empowerment in finding solutions, planning, and decision-making?
- ✓ Did I listen for loss?
- ✓ Did I use the cultural lens to honor the family culture?
- ✓ Did I assess the need this child/youth/family may have for coaching and support?
- ✓ Is it possible any biases are impacting this family's service or results?
- ✓ Do I understand the link between the family story and the family's current functioning and underlying needs?



Planning & Intervention

- ✓ Did I tailor supports to underlying needs?
- ✓ Did I help facilitate appropriate supports and services to reach a team solution?
- ✓ Did I have a chance to customize the visitation for this family, when applicable?
- ✓ Did I create an optimal team environment?
- ✓ Did I promote recovery and well-being?
- ✓ Did I help create shared agreement on culturally sensitive services to address safety, well-being and family needs?



Tracking & Adapting

- ✓ What is working now that we should continue or expand?
- ✓ What is not working? Who should I engage in thinking about changing course?
- ✓ How can I empower the team to think about tracking and adapting to make the best and safest plan with this family?



Questions to Ask Others

- ✓ Based on what we have done together so far, what do you think is going well in our work? What could be improved?
- ✓ What advice would you give me about my work with your family?
- ✓ What is one thing that I could do better or differently that would help us make our work together stronger?

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TEAM-DRIVEN **STRENGTH-BASED** **LONG TERM VIEW**
FAMILY
CENTERED
CULTURALLY
SENSITIVE
TRAUMA RESPONSIVE
SOLUTION
FOCUSED



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