



# Your Rights Related to SRH: A Guide for Youth in Care



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## An Introduction to this Document for Jurisdictions

For the past six years, the Center for the Study of Social Policy (CSSP) has been working to bring attention to the unmet needs of youth in foster care who are expecting a child and/or parenting. In collaboration with jurisdictions across the country we have also put forth a range of [policy and practice recommendations to help child welfare systems better support these young families](#). In 2016 CSSP launched a national network made up of practitioners, researchers, policymakers and advocates committed to pushing reforms on behalf of this population. Out of that network, CSSP staffed two workgroups that worked together over the course of the year to develop policy and practice recommendations on topics selected by the network as being of top priority: [young father engagement](#) and sexual and reproductive health (SRH) policy.

This document is one of three in a compendium of sexual and reproductive health guidance and resources for child welfare jurisdictions. The three interrelated documents and many resources available on the Internet resulted from the research and deliberations of a national workgroup convened by CSSP. **The goal of this document is to provide jurisdictions with a means of helping youth (in foster care or extended care) in understanding their SRH care rights, and give them practical information that will help them exercise their rights and getting their service needs met.** The other two documents in this series include a policy and practice framework for child welfare leaders and policy makers and a practical tool meant specifically for use by caseworkers. Both this document and the one designed for caseworkers are aligned with the recommendations on current best practices around SRH policy and practice contained in the policy framework. Individual jurisdictional policy may differ from these recommendations. We hope that these documents provide an opportunity for jurisdictions to review and either update or expand their existing SRH policies.

It is intended that child welfare jurisdictions will adapt and customize this document and it has been intentionally made available as a Microsoft Word document for that purpose. This guidance can be printed. However it is intended to be used electronically. To facilitate searching and linking to resources, it is filled with internal and external hyperlinks to help the reader navigate between sections within the document and to outside resources when they want to further explore an issue. **Jurisdictions should review the entire document for alignment with local policies and procedures and determine what needs to be modified so as to provide the youth with the most accurate information.** There are specific areas within the document (**generally noted by yellow highlighting**) where jurisdictions are prompted to supplement the document with locally specific information, resources or practices. In addition, jurisdictions should consider translating this guide into the applicable languages of their youth population.

## An Introduction for Youth Using this Guide

Are you in out-of-home care or extended foster care? If so, this document is for you. It is designed to connect you to practical tools and supports for your sexual and reproductive health (SRH). Want to be able to get checked out by a doctor? Need condoms or birth control? Want to know what services you can get and when? Concerned about pregnancy? Expecting to be the father of a child? Need someone safe to talk to about your sexual orientation or gender identity? This document can provide you with resources on all these issues.

Knowing and understanding your rights is the first step to exercising them. You will find your rights listed on the next page. Each right has a link to one or more pages in this guide which provides you with more information and links to resources that can help you make that right a reality. We hope this helps you get exactly the information you need quickly and easily.

We know that the information here is just the tip of the iceberg. We've tried to provide links to lots of resources and sites that can help you learn more. Have questions about anything you read in the document? Ask your caseworker or your lawyer—they can often provide you with additional information that is right for the situation you are dealing with.

### Notes on Language and Acronyms

The language that we use throughout guide is intentional.

- **“Youth”** refers to both those in foster care and those who may have aged out of care but are still connected to the system through extended foster care. Because we know that youth who have experienced trauma often experience puberty early we have keyed most SRH services to start at puberty, sexual activity or by 10 years of age—whichever comes first. Generally, when we say youth we are referring to a wide age range **from 10 to 21** depending on state and jurisdictional policy.
- This document is inclusive of all gender identities and expressions of youth in care.
  - **“SOGIE”** refers to sexual orientation and gender identity and expression.
    - Sexual orientation—who an individual is emotionally and sexually attracted to.
    - Gender identity—the sense someone has of being male, female, both or neither.
    - Gender expression—how people show others their gender through the way they dress, style their hair, walk, talk etc.
  - **“Expectant”** refers to both males and females who are expecting to parent. We use **“pregnant”** when describing those who are physically carrying a child. We use “expectant” to better call out the unique needs of young males in care who are fathering or expecting to father a child. When referring to expectant and parenting youth we use the acronym **EPY**.
  - **“LGBTQ”** should be interpreted in the broadest possible sense. There are many other acronyms that reflect the diverse range of sexual orientations, gender identities and gender expressions.

We encourage you to turn to your case workers, your lawyer, your foster parent or other adults in the system for help and support. They can be important allies around SRH. There may be times when people in those roles do not respect your sexual or reproductive health rights, shames or targets you, acts or talks inappropriately or makes you uncomfortable. Here are things to keep in mind:

- You are not required to talk with anyone about SRH.
- You have a right to file a grievance (See [Appendix I](#) for more information).
- Talk to other adults—share what is going on and get support.
- Write down the interaction you experience when things don't feel right



Language is constantly evolving and so is the acronym used to describe this population. However, we use LGBTQ to remain uniform and concise. We know LGBTQ youth face specific challenges while in care and have highlighted those challenges for jurisdictions to address.

- **Child welfare partners** refers to the many adults—caseworkers, foster parents, kinship parents, guardians ad litem, judges, group home workers, and Independent Living Program (ILP) providers—who youth may be connected to because of their child welfare involvement.

Acronyms used throughout this document and the companion policy framework and guidance caseworkers include:

- CPS Child Protective Services
- EPY: Expectant and Parenting Youth
- HIV/AIDS: Human immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
- HPV: Human Papilloma Virus
- ILP: Independent Living Program
- IUD: Intrauterine Device
- NDM: Non-Dependent Minor
- OB/GYN: a medical doctor specializing in Obstetric and Gynecological care
- SRH: SRH
- STI: Sexually Transmitted Infection

# Sexual and Reproductive Health Rights for Youth in Care

## Your right to Sexual and Reproductive Health care

You have the right to confidential, timely and quality SRH services.

## Your right as a decision-maker

You have the right to make your own decisions about SRH.

## Your right to information

You have the right to the information you need to make timely SRH decisions that are right for you.

## Your right to privacy

You have the right to keep information about your SRH experiences and choices confidential, unless you or someone else is at risk of harm.

## Your right to self-expression & supportive settings

You have the right to care that affirms your sexual orientation, gender identity and/or gender expression.

## Your right to support

You have the right to receive timely support for your SRH needs.

## Your right to be safe

You have the right to be safe and protected from sexual, physical and emotional harm.

## Your right to parent

You have a right to parent, which includes the opportunity to be with your child and to make fundamental decisions about their upbringing.



## Your right to Sexual and Reproductive Health care

You have the right to confidential, timely and quality SRH services.

### Overview

You should have access to a range of SRH services including:

- regular exams;
- access to contraception/STI barriers and emergency contraception in a timely manner;
- treatment if you contract a sexually transmitted infection;
- access to Pre-exposure Prophylaxis (PrEP) to prevent HIV if you are at risk;
- the HPV vaccine;
- services and support if you get pregnant including abortion and adoption information, and/or pregnancy care;
- physical and emotional care and support if you experience rape or sexual trauma;
- access to transgender care;
- mental health services

Jurisdictions should adapt this list to specifically outline the core services they provide. These bullets represent a recommended list of core services and is not an all-inclusive list.

These services should recognize your multiple identities and be available to you in your preferred language.

### Services

A complete list of available services, with timelines by which they should be made available to you, is listed with a hyperlink below. The agency should also help you access these services by: providing transportation to and from appointments, helping identifying care providers and helping making appointments.

Nobody—not your foster parent, caseworker, birth parent or any other adult in the system—should deny you SRH services or punish you or make you feel bad about asking for any of these services.

You should be able to get support and resources from a provider that you are comfortable with. If you are not comfortable with your SRH provider you have a right to change providers to one you are comfortable with.

### Medicaid Coverage

Because you are in foster care the costs of your medical treatment and medications—including those related to SRH —should be covered by Medicaid. If you have a baby while in out-of-home care they also will be enrolled in Medicaid and their health care should be paid for. If you will be emancipating from care, your caseworker should work with you to make sure that your Medicaid enrollment carries over for you and your child and that you have a plan for your future medical and SRH care. If any of these things are not happening, be sure to talk with your caseworker or your lawyer. Having continued coverage is very important; it means that if you or your baby need to see a doctor your care will be paid for. When making appointments for care, make sure that the provider takes Medicaid—not all do. Sometimes you can also get free care from a school or community clinic.



## Privacy

If you want SRH services but you do not want your caseworker or foster parent to know, you can always go to a doctor or clinic independently. Ask your caseworker for your Medicaid information so you can get your care paid for.

Resources to support you:

- [Chart of available services with timelines](#)
- [Options for contraception and safer sex](#)
- [Preparing for a Sexual Reproductive Health care visit](#)
- [Choosing or changing providers](#)
- [Questions to ask medical providers to ensure LGBTQ affirming practices](#)

These resources have been developed and are available for your agency to use and/or adapt depending on your policies



These resources have been developed and are available for your agency to use and/or adapt according to your policies.

## Your right as a decision-maker

You have the right to make your own decisions about your SRH.

### Overview

There are many decisions involved in SRH—when to get care; at what age to have sex; what type of contraception to use; what to do if you get pregnant or are expecting a child. It is important for you to know which issues you can make decisions about on your own and for which you will need your parent or another adult’s consent.

Issue	If you are under 12	If you are under 18	If you are over 18
Getting testing or treatment for STIs	[insert state specific]	[insert state specific]	[insert state specific]
Accessing contraception			
Getting an abortion			
Getting prenatal care			
Placing a child for adoption			
Getting testing or treatment for HIV			
<b>Accessing transgender care</b>			

If you fall into the category where your parent’s consent or parent notification is required to access SRH services and you’re worried about what that means, talk to your caseworker and/or your lawyer. In some cases you can go to a judge to get what is called a “judicial bypass.” Your lawyer or caseworker can advise you if that will be possible in your case.

This passage should be included in all states where there are restrictions on a youth’s right to self-consent or notification is required.

### Getting Advice

You may ask other people—your parents, caseworker, foster parent, Independent Living Plan (ILP) worker, or even friends or other family members—for advice about some of these issues. Know that your caseworker, foster parent, or other adults in the system may have advice and opinions, but in the end their role is to support you and your choices. If you make a choice they do not like, they should not make you feel bad or punish you for that choice. They also have an obligation to keep what you tell them private unless they think that you or someone else might be at risk of harm. This is covered in more detail in the section on your [right to privacy](#).

If you are pregnant or expectant, your caseworker should work with you to help you understand all the options—abortion, adoption or parenting—and support you in what you decide.

### Planning Ahead

Part of being responsible for your SRH is deciding ahead of time what you want, what you’re comfortable doing and how you want to handle certain situations if they were to happen. One of the resources we offer is a SRH planning document. We strongly encourage you to fill this out.



Resources to support you:

- [Sexual reproductive health planning document](#)
- [So You Think You Might Be Expecting: A Guide for Youth in Out-Of-Home Care](#)
- [Charts summarizing laws related to consent to Sexual Reproductive Health services in different states](#)



## Your right to information

You have the right to the information you need to make timely SRH decisions that are right for you.

### Overview

You can't be an effective decision-maker if you don't get the information you need to make good decisions. That means:

- You should have and know how to access written and on-line information from trusted sources.
- If you are a teenager you should be receiving SRH education at your school. If you didn't receive that education, didn't learn what you needed, or feel like you need more information, let your caseworker know—they can connect you to additional resources.
- Your caseworker, ILP worker, foster parent, lawyer, or other adults in the system should be open to having conversations with you about SRH in a non-judgmental way.

Remember, you don't have to discuss these issues with anyone. If someone is reaching out to discuss SRH with you and you're not comfortable talking to them, just let them know. However, even though it may be uncomfortable, it may also be beneficial to get support on SRH issues from adults in your life. Also, remember that what you say to any of the adults who are part of the child welfare system should be kept confidential unless you or someone else is at risk of harm. In the next section we will talk more about your privacy and how we protect it.

### Resources to support you:

- [On-line and Mobile Resources on Sexual Reproductive Health Issues You Can Trust](#)
- [Having "the talk"—Deciding Who to Talk to about Sexual Reproductive Health](#)

These resources have been developed and are available for your agency to use and/or adapt according to your policies.

## Your right to privacy

You have the right to keep information about your SRH experiences and choices confidential, unless you or someone else is at risk of harm.

### Overview

Your SRH is personal and you have a right to keep it private. What this means is:

- When you receive SRH services and care, you do not have to tell your caseworker or foster parent why you want an appointment nor do you have to invite them to the appointment with you.
- By law your SRH care provider may not share the issues that you discussed, what services you received, or any other details about your SRH without your consent. There are a few exceptions to this. If you are under 18 and you tell your provider that you have been assaulted or abused, then the provider is required to report it. Also, if you test positive for certain infections like HIV or syphilis,<sup>1</sup> the provider is required to notify your partners, though they can do this anonymously.
- You may choose to share information with your caseworker or your foster parent—they can be important sources of support. If you do, please know that they should keep this information private and should not share it without your written permission. Make sure to discuss whether you are comfortable with information being shared with others—and confirm that the information will be kept confidential (except in cases of HIV/AIDS or syphilis). If you suspect that information about you has been inappropriately shared, consult with your lawyer or caseworker.
- Be careful what you tell others. For example, if there is an issue you don't want to discuss with your caseworker or foster parent, be cautious what you say to other youth where you live, or if you do share, be sure to let them know it's private. Otherwise, they may share what you tell them before you're ready.
- No one can go through your personal belongings to look for birth control or other things related to your sex life—nor can they confiscate these items.
- Generally, information in the table below is documented in your case file primarily to ensure that your caseworkers and others have the information they need to serve you best. If you do not want this information documented, please discuss it with your caseworker.

We recommend that jurisdictions review and update to be consistent with state specific laws.

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<sup>1</sup> These diseases are life threatening and contagious, so notification is required for those deemed at risk of contracting the disease—otherwise information on HIV status or a positive syphilis test is held confidential.

Pregnancy	Sexually Transmitted Infections	Sexual Orientation and Gender Identity	HIV Status	Contraception
[Provide jurisdiction specific and clear information on what is and is not documented, where and who has access; so that youth are aware which information is protected and which is shared]	[Provide jurisdiction specific and clear information on what is <b>and is not</b> documented, where and who has access; <b>so</b> that youth <b>are</b> aware <b>which</b> information is protected <b>and which is shared</b> ]	[Provide jurisdiction specific and clear information on what is <b>and is not</b> documented, where and who has access; <b>so</b> that youth <b>are</b> aware <b>which</b> information is protected <b>and which is shared</b> ]	[Provide jurisdiction specific and clear information on what is <b>and is not</b> documented, where and who has access; <b>so</b> that youth <b>are</b> aware <b>which</b> information is protected <b>and which is shared</b> ]	[Provide jurisdiction specific and clear information on what is <b>and is not</b> documented, where and who has access; <b>so</b> that youth <b>are</b> aware <b>which</b> information is protected <b>and which is shared</b> ]

## Your right to self-expression and to supportive settings

You have the right to care that affirms your sexual orientation, gender identity and/or gender expression (SOGIE).

### Overview

You have the right to be supported, acknowledged, and respected. Your SOGIE, SRH history, experiences, or choices should not impact how you are treated. Let your caseworker, lawyer, foster parent and other staff know what pronouns to use when talking with you.

### Sexual Orientation, Gender Identity and Gender Expression

If you are gay, lesbian, bi-sexual, transgender, queer, or have questions about your sexual orientation and/or gender identity, you have the right to express yourself and who you are, be in affirming spaces and get the support you need. This means that the adults who are part of the child welfare system should interact with you in supportive ways. They CANNOT mistreat you in any way or try to get you to change your sexual orientation, gender identity or gender expression. This includes all your child welfare systems workers (your caseworker, your ILP worker, all the agency staff), all your service providers (your doctor, your therapist, the workers in youth programs you go to) as well as your foster parent, group home staff, or other placement staff). It also means that they must address you using your preferred gender pronoun.

In addition, if someone else—your teacher, another child in your foster or group home, a co-worker, or kids at school—is bullying you or making your life difficult because of your sexual orientation or gender identity and/or expression, tell your caseworker. They can help advocate for you.

### General Sexual or Reproductive Issues

Similarly, no one should shame, demean or punish you because you had sex, became pregnant or are expecting a child, contracted an STI, or because they disagree with your SRH choices. This includes all child welfare systems workers (your caseworker, your ILP worker, all agency staff), all your service providers (your doctor, your therapist, the workers in youth programs you go to) as well as your foster parent, group home staff, or other staff). Again, if someone else—your teacher, another child in your foster or group home, a co-worker, or kids at school—is bullying you or making your life difficult around these issues, tell your caseworker and get their help in advocating for you and resolving the situation.

### What to do

If you feel like you are being shamed, demeaned, or unfairly treated because of sexual and reproductive issues including your sexual orientation and gender identity and gender expression you can:

- [Complete with overview of jurisdiction specific protocol]

### Resources to support you:

- [Identifying Affirming Spaces](#)
- [The Genderbread Person](#)
- [Filing a Grievance](#)

## Your right to support

You have the right to receive timely support for your SRH needs.

### Overview

You should have access to a range of supports and services that meet your SRH needs. These include:

- [Complete with jurisdiction specific information—examples might include: supplemental funds for pregnant or parenting youth; access to a mentor; access to public health nurses; access to specialized clinics or other programs that work specifically with the agency]

If you are dealing with an exceptionally challenging situation, you can get extra support. Examples may be:

- Finding out that you are pregnant or expecting
- Coming out
- Experiencing sexual assault or trauma

If any of these things are happening in your life, there are certain things you can ask for. These include opportunities to:

- [Complete with jurisdiction specific information – examples include the list provided below:
- Have your placement or case plan reviewed and changes made that reflect the supports you need.
- Receive mental health supports or counseling if you want.
- Get extra support or visits from your caseworker.
- Get transportation or other supports so that you can get access to community programs, spend time with a mentor or adult who can support you around the issue, or participate in wellness activities that will help you deal with the stress you may be experiencing.]

### Finding a Sexual Reproductive Health Ally

Finally, you shouldn't have to feel alone when dealing with SRH issues. It might be helpful to identify a SRH ally. This is the person with whom you might want to discuss birth control options, support you if you choose to have an abortion, who can come with you to prenatal appointments if you are pregnant/expecting, or maybe just someone you feel comfortable talking to. This might be your parent, your grandparent, another family member, your partner, a good friend, your foster parent, your caseworker or another adult in your life. If you tell the department that you want this person with you, they may be able to provide transportation and other supports to ensure that your ally can be there in the event of:

- General medical appointments related to SRH.
- Pregnancy or expecting a child.
- Medical care if you experience sexual assault and trauma.

We recommend that jurisdictions encourage youth to have a SRH Ally and that the SRH Ally is supported.

In addition, the agency can connect you with resources and supports for addressing SRH needs:



## Resources to support you

- [Access guide for additional jurisdictional resources](#)
- [Having “the talk” —Deciding Who to Talk to About Sexual Reproductive Health](#)



## Your right to be safe

You have the right to be safe and protected from sexual harm.

### Overview

Know that the agency should be working with you to keep you safe from sexual harm.

- Your caseworker should go over the [“Keeping Yourself Safe” Guide](#) with you. It provides information on how to keep yourself safe and what to do in situations when you see someone else in danger.
- Tell your caseworker and/or your lawyer immediately if you have been sexually assaulted or are being sexually harassed by anyone.
- If someone where you live, an adult or another youth, has been assaulting or harassing you, you need to immediately notify someone at the agency so that they can keep you and others safe.
- In the event of sexual assault, call your caseworker. S/he will help make sure you get medical care immediately, the legal assistance you need and the counseling support you may want. S/he will also ensure that you get connected to counseling and mental health supports to help you deal with your experience.
- If someone is forcing you to have sex for money or gifts, selling pictures of you, or otherwise making money off of you, discuss it with your caseworker or a trusted adult so that you can get help right away.
- If you are trading sex for a place to stay, food to eat, clothing or money, know that this can put you at risk for exploitation. Talk to your case worker about finding alternative ways to meet your needs.

**Sexual Assault** is anytime someone forces sexual contact on you. Sexual assault does not just mean rape it also includes attempted rape, fondling or unwanted sexual touching, or forcing you to perform sexual acts like oral sex. It can happen to anyone and it is never the victim’s fault.

**Sexual Harassment** is when someone makes you feel uncomfortable or unsafe because they are asking you for sexual favors, making unwelcome sexual advances, making sexualized comments, or discriminating against you because of your gender, sexual orientation, or gender identity.

[Complete with jurisdiction specific policies, protocols and phone numbers to call for services]

### Resources to support you

- [“Keeping Yourself” Safe Guide](#)
- [Help Yourself](#)

## Your right to parent

You have a right to parent, which includes the opportunity to be with your child and to make decisions about their upbringing.

### Overview

If you get pregnant and decide you want to parent, the agency should support that choice by ensuring that you have access to medical care and supports for a healthy pregnancy and birth. This means that:

- Once your child is born, your baby should not enter foster care unless that is the only way to address safety concerns and keep your baby safe.
- The agency should work with you to find a placement setting which allows you to be with your child. This is true whether you are the child's mother or father. The planning for this should begin before your baby is born.
- Once you become a parent the agency should help you access services, resources, and supports to parent effectively, pursue personal goals and help your child to thrive.
- As a parent, decisions about services and living arrangements impact you *and* your child. If you feel that case decisions will negatively impact your child or your ability to parent speak with your lawyer or call for a hearing to review your case and the impact of these decisions.
- If you are eligible for child support, agency staff should work with you to help you understand how this will impact the benefits you receive as a youth in foster care and to help you maximize the financial supports for you and your child.

### Resources to support you:

- [So You Think You Might Be Expecting – A Guide for Youth in Out-of-Home Care](#)
- [Having a Healthy Pregnancy – A Guide for Youth in Out-of-Home Care](#)
- [If You Are Expecting to be a Father](#)
- [The Parenting Guide for Youth in Out-of-Home Care](#)
- [Getting Parenting Supports: Go-to Sites and a Planning Guide](#)

## RESOURCES CONTAINED IN THIS GUIDE

- Appendix A: [Overview of Sexual Reproductive Health Services](#)
- Appendix B: [Getting Sexual Reproductive Health Care](#)
- Appendix C: [Choosing or Changing Service Providers](#)
- Appendix D: [Intentionally blank](#)
- Appendix E: [So You Think You Might Be Expecting – A Guide for Youth in Out-of-Home Care](#)
- Appendix F: [On-line and Mobile Resources on Sexual Reproductive Health Issues You Can Trust](#)
- Appendix G: [Having “the talk” —Deciding Who to Talk to About Sexual Reproductive Health](#)
- Appendix H: [Identifying Affirming Spaces](#)
- Appendix I: [Filing a Grievance](#)
- Appendix J: [Access Guide for Additional Resources](#)
- Appendix K: [“Keeping Yourself Safe” Guide](#)
- Appendix L: [Having a Healthy Pregnancy – A Guide for Youth in Out-of-Home Care](#)
- Appendix M: [If You Are Expecting to be a Father](#)
- Appendix N: [The Parenting Guide for Youth in Out-of-Home Care](#)
- Appendix O: [Getting Parenting Supports: Go-to Sites and a Planning Guide](#)
- Appendix P: [Contributors and Reviewers](#)

We recommend that jurisdictions review the information contained in each appendix and used or adapted according to jurisdictional policies."

## Appendix A: Overview of Sexual Reproductive Health Services

Service	When you should get it
<b>SRH Exam</b>	<p>Starting at age 10 your medical provider should start talking with you about SRH issues and, depending on your sexual activity, may also give you a physical exam. This will generally happen in your regular annual medical visit.</p> <p>If you have gotten your period early, are already having sex, or have any concerns before the age of 10, your doctor may suggest a SRH health exam.</p> <p>During your exam you can talk to your doctor about safer sex, get prescriptions for those contraceptives that require one, and bring up any questions or concerns you may have about sex.</p> <p>You can also request to have a SRH exam outside of your regular exam schedule or performed by a different provider than your regular primary health provider.</p>
<b>Safer sex and Contraception</b>	<p>If you are having sex, or even thinking about it, you should be able to request (and receive within one week) an appointment with a health care provider or local family planning clinic to discuss your options for preventing sexually transmitted infections and pregnancy.</p> <p>There are a number of contraceptive/safer sex methods such as condoms, spermicides, and sponges which you can get without a health care referral. [Include jurisdictional information on how youth can get access to contraceptives that are not covered by Medicaid]</p> <p>This site: <a href="https://bedsider.org/methods">https://bedsider.org/methods</a> provides a full description of different types of contraception, their effectiveness, and the ins and outs of using them so you can find the method that works best for you. Your provider can also go over this information with you.</p>
<b>Emergency Contraception</b>	<p>If you have unprotected sex and think you could get pregnant, you should be connected to a health care provider or a clinic who can prescribe emergency contraception within 24 hours. Immediate and emergency care centers are almost always available through walk-in and confidential if you are of a certain age (14 in many states,) and have photo identification. You can usually get a visit with a doctor within a day—but often within an hour. You can also buy emergency contraceptives over-the-counter (sometimes called Plan B or Take Action), but you will have to pay for it.</p>
<b>Sexually Transmitted Infections</b>	<p>If you think you may have contracted a sexually transmitted infection, or if you are experiencing pain or unusual discharge from your vagina or penis, you should be able to request and receive an appointment with a health care provider within 3 to 4 days. If you are uncomfortable or in pain, make sure you let the provider know you need to be seen sooner.</p>
<b>Rape or sexual assault</b>	<p>If you are raped or sexually assaulted your caseworker will make sure that you are seen by a medical provider experienced with dealing with rape or sexual trauma within 24 hours.</p>

<b>Gender Identity and expression</b>	If you want to talk with someone about your gender identity and/or expression or about medical services such as puberty blockers or gender affirming surgeries, your caseworker should be able to connect you with a medical provider with expertise in transgender care to discuss this.
<b>Pregnancy</b>	<p>If you are, or think you are pregnant, you should be able to access:</p> <ul style="list-style-type: none"> <li>• An appointment to a medical provider that will allow you to confirm your pregnancy and discuss pregnancy options within a week.</li> <li>• An appointment for an abortion, if desired, as soon as possible<sup>2</sup>, at least within 1-2 weeks.</li> <li>• Access to services that will help you to support a healthy pregnancy, if you choose, including prenatal care, which matches or exceeds the recommended <a href="#">prenatal care schedule</a>.</li> <li>• Information about adoption, if you are interested in learning more about that option.</li> </ul>
<b>Vaccines</b>	You should get the Human Papilloma Vaccine (HPV) when you are 11 years old or older. The vaccine reduces the risk of cervical, penile, and anal cancer.
<b>Mental health</b>	You can request counseling or mental health supports related to SRH issues, for example: dealing with your emotional responses to a pregnancy; recovering from an abortion or miscarriage; healing from sexual assault or trauma or exploring questions related to gender identity, expression or sexuality. Appointments should be set up within one week—let your caseworker know if you feel you need more timely care.

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<sup>2</sup> Arranging for an appointment will depend on how far along the pregnancy is and state law, but it should be done as early as possible.

## Appendix B: Getting Sexual Reproductive Health Care

**Requesting care:** You don't need to specify why you want access to care if you are not comfortable sharing that information. Remember, though, that the more information you give about your need for care, the easier it is to ensure you get care in a timely manner.

Jurisdictions need to include the specific steps for requesting SRH care and ensure this guidance is aligned with agency policy and/or explore policy and practice changes to support this guidance.

### Preparing for a SRH care visit:

- **Make a list of questions.** What are the concerns or issues you want to make sure you discuss with the medical provider? You may want to write these down so that you don't forget.
- **Decide who you want in the room with you or who you don't.** You have the right to request privacy for your SRH appointments. This means that you can tell your medical provider if you don't want your caseworker, your foster parent, or your birth parent in the room with you. On the other hand, if there is someone you do want there with you—your parent, your partner, a good friend, a relative—you can do that too.
- **Things you should make sure to share with the medical provider.** While it may be uncomfortable discussing sex with a medical provider, it is important that they have certain information which will help them in providing you with the care you need:
  - You should let your medical provider know if you are sexually active—this will help them make sure you get the care you need.
  - If you are sexually active—or thinking of being sexually active—discuss contraception and safer sex with your medical provider. In fact, you might want to discuss contraception and safer sex even if you aren't sexually active. It is a good thing to know about because you never know when things might change.
  - Let your medical provider know if you have had a past experience of sexual assault or trauma which might impact how you react during a SRH exam. This will help your medical provider to give you care that is sensitive to your needs.
  - Let your medical provider know if you are experiencing pain during sex, unusual vaginal discharge, or unusual sores or bumps on your vaginal area or penis. These might indicate an STI.
  - Let your medical provider know about any medications that you are taking—even those obtained on-line, over the counter, off the street or obtained from anyone other than a medical provider.
  - If you are comfortable, let your provider know your gender identity, sexual orientation and the pronouns you prefer to use.
- **Be prepared for questions.** Your medical provider may ask you questions about your relationships, your sexual activity, your everyday life, what's worrying you, your habits, what you eat, how you handle stress, or if you exercise. These all help the medical provider get a better picture of who you are and how to help you.
- **Bring paper and pen so you can write down any information you receive and about next steps.** Your medical provider give you follow-up steps depending on the reason for your appointment.

When those include follow-up medical care, you will get a referral slip and information about what to do next. Still, it can be helpful to take notes.

- **Talk with your provider about maintaining your privacy.** By law, your medical provider is not supposed to share anything that was discussed in your appointment without your consent. There are a few exceptions to this. If you are under 18, and you tell your medical provider that you have been assaulted or abused, your provider is required to report this. Also, if you test positive for certain infections like HIV/AIDS or syphilis, your provider is required to notify your partners, though they can do this anonymously. It is always useful to discuss with your medical provider what information you do or do not want shared with your caseworker, where any follow-up reports will be sent, how to keep the information in those reports private, and other issues related to maintaining your privacy.

## Appendix C: Choosing or Changing Service Providers

You should be comfortable with your medical provider and feel like you can talk with them about your SRH needs. Your medical care is covered by [complete with jurisdiction specific information]. Within that context there are still a range of providers available to you.

[Jurisdiction specific list of available providers or instructions for finding more information about providers].

When choosing a provider there are some things to consider:

- Does the gender of your provider matter to you?
- Does it matter where the provider is located? Is their office easy to get to?
- If you have experienced sexual assault or trauma in the past, you may want a provider who has specific skills working with youth with this history. Let your caseworker know and they can help direct you to providers with this skill base. You can also talk to the provider assigned to you for a referral to another provider.
- If you identify as LGBTQ, you may want a provider who works regularly with LGBTQ youth or who explicitly works to create an affirming environment. Again, let your caseworker know and they can help direct you to providers with this skill base. You can also talk to the provider assigned to you for a referral to another provider.
- Do you feel comfortable with the provider? Sometimes you can't quite describe why you feel uncomfortable with someone, and even if you don't have a specific reason why, it's okay to switch providers.

We recommend that jurisdictions create pools of providers

- with special expertise, especially expertise in working with:
  - Youth who have experienced sexual assault or trauma.
  - LGBTQ youth
- Who will accept Medicaid reimbursement

### Requesting a New Medical Provider

Remember, while you may have a primary care provider that you were referred to by the agency, you can request a new provider—or identify a provider on your own. Make sure they take Medicaid so you can get your care covered. You can request your Medicaid information from your caseworker to give to your provider. If they don't take Medicaid you may have to pay for the care out of pocket.





## Appendix D: Intentionally Blank

## Appendix E: So You Think You Might Be Expecting—A Guide for Youth in Out-of-Home Care

Thinking that you may be pregnant—or expecting—can be scary, exciting, or upsetting depending on the context and where you are in your life. This simple guide provides an overview of next steps as you decide exactly what you want to do. If you have gotten someone else pregnant, you should read this as well as many of these same decisions will apply to you.

### Emergency contraception:

Even if you don't know for sure that you or your partner are pregnant, you may want to consider emergency contraception if you do not want to be pregnant. [complete with jurisdictional guidelines for accessing emergency contraception]. Emergency contraception usually comes in the form of a pill and is most effective if taken right away, within 24 hours. The copper IUD can also be used as emergency contraception. Both options can only be used up to 5 days after you had unprotected sex.

### Confirming the pregnancy:

One of the most important early steps is very simple and involves confirming the pregnancy. A home pregnancy kit as often a good first a first step. The best time to use these tests are usually about a week after a missed period. If you get a negative test, you may want to wait a week and test again just to be sure. If you get a positive test, the next step will be to go to your doctor or to a [complete with jurisdiction specific alternatives such as a local clinic] to confirm the pregnancy results and talk through next steps with a medical provider.

### Your options:

Remember that if you are pregnant, you are the key decision-maker in terms of what to do. You can choose to carry the child to term and parent place the baby for adoption or to have an abortion. It is an individual choice and needs to be the right one for you. The following rules govern who must provide consent or be notified depending on your choice:

- [Complete with jurisdiction specific information]

Regardless of who needs to be notified and provide consent, your caseworker should be your advocate in ensuring that your wishes and needs are front and foremost in the conversation. In addition, it is often helpful to be connected to a family planning clinic or medical provider who can help you to understand your options in an unbiased way.

### Choosing an abortion:

You may decide that you are not ready to be pregnant and to give birth to a child. If you decide you want to have an abortion you need to follow these steps:

- [Complete with jurisdiction specific information]

### If you're not the one pregnant

Note, if you are the biological father in a pregnancy this is the moment to listen and support your partner. This can be difficult as your partner's decision may affect you and your life. Legally, however, the individual who will be carrying the child gets to make the decision about whether to have an abortion or carry the child. Once the baby is born, however, if your parental rights are in place, you can and should be involved in decisions related to your child.

If you want to have an abortion it is important to act quickly so you have more options for the type of procedure you can have. **[Complete with jurisdiction specifics]**

Good clear information about what the procedure is like and what some of the options can be found at <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures> (the embedded video is especially useful).

**[If your parent's consent or notification is required and you're worried about what that means, talk to your caseworker and/or your lawyer. Sometimes you can go to a judge to get what is called "judicial bypass." Your caseworker and lawyer can advise you if that will be possible in your case.]**

We recommend that jurisdictions provide very specific information about state policies and timelines governing abortions. This includes the policies and practices pertaining to "judicial bypass" if parental consent or notification is required and a youth is reluctant for a parent to know.

### Choosing adoption

Placing your baby for adoption means that you select an adoptive family to raise your child. Our agency can connect you with an adoption specialist who can explain the adoption process to you, help you understand your options, and help you evaluate whether adoption is right for you. Choosing adoption doesn't mean that you will never see your child again. Many parents choose open adoption which allows them to stay connected and be a part of their baby's life. You can also play a role in helping to select an adoptive family. Both expectant fathers and mothers have the right to be involved in adoption planning for their baby. Connecting to an adoption specialist is important to help you understand your rights.

Choosing to place your baby for adoption can be hard. There are resources that can help you deal with grief. You may also need post-natal supports to deal with physical recovery from your pregnancy. If you choose an open adoption you may also want support advocating for your rights in terms of getting to see your child. Your caseworker can help you make sure that these things are in place as you move forward.

Finally, remember that if you start to question your choice, tell your caseworker and/or lawyer immediately. You do have the opportunity to change your mind about adoption.

### Choosing to parent

If you decide you want to parent your child, then the agency will help you get the supports and services you need, both during pregnancy and once the child is born. Additionally, the agency will work to ensure that you have a placement setting that is best for you and your child. Your child should not automatically be taken into agency custody or not allowed to live with you because you are in foster care. Later in this guide we have more information and resources on having a [healthy pregnancy](#), [becoming a father](#) and on [parenting](#). The most important thing for you to decide is whether parenting is the right choice for you.

### Taking Care of Yourself

Remember that these are difficult and complex choices. It is okay to change your mind—what is important in the end is that you are comfortable with the choice you make. Regardless of what you

choose, you will likely have a lot of emotions about the pregnancy and a lot of ups and downs in terms of moving forward. It is important to make sure that you get the support you need.

A few things to consider:

- **Disclosing to your caseworker:** The sooner your caseworker knows that you are expecting a child, whether you are the mother or father, the sooner s/he can help support you. In almost every case, getting support early makes things easier. Getting prenatal care early can mean a healthier pregnancy for you and your baby. Or, if you plan to have an abortion, getting care early gives you more options and can make the process easier. There are also laws which limit how late in your pregnancy you can receive an abortion. You can find information on the laws here [\[complete with jurisdiction specific information\]](#).
- **Who to talk to:** Whether it is your partner, your parents, a good friend, your foster parent, or a mentor, you should have someone who you can talk to about what's going on and what kind of support you need. Here are some things to keep in mind when you are deciding who you want to talk to:
  - Will they listen and support your choice or will they try to push you toward the path they think is best?
  - Will they be emotionally supportive or will they judge you?
  - Can you trust them to keep what you tell them confidential?
- **Mental health support:** It is normal to find these choices emotional and challenging. It can sometimes help to discuss your options with a professional who is trained in dealing with these issues—either before or after you make a choice, or both. The visit should be covered by Medicaid.
- **Self-Care:**
  - This can include getting time off work or school not just for when you have a procedure or a medical appointment—but as you recover and deal with your emotional responses.
  - It can also mean proactively making sure that you're going to have time with friends in emotionally supportive environments, or doing things that help you deal with stress.
- **Contraception and safer sex:** Whether you just had an abortion or you've just given birth to a child, the end of a pregnancy is an important time to think about future contraception and safer sex strategies. Make sure to set an appointment with your health care provider in the next couple of weeks to discuss contraception options.

## Appendix F: On-line and Mobile Resources on SRH issues You Can Trust

- [Bedsider](#): This website has great information on contraceptives to use for safer sex and/or to avoid pregnancy. They have an online tool so you can find health centers and sources for emergency contraception near you. They will even send you reminders so you don't forget to take your birth control.
- [Talkline](#): This resource offers free peer counseling and support at any point during or after pregnancy, including options for counseling, support before or after an abortion, or a chance to talk about parenting, pregnancy loss, adoption, or infertility. Call toll-free at 1-888-493-0092 from anywhere in the United States or Canada.
- [WebMD](#): This is a good site to go to for all kinds of health information. It has a good search engine so if you have something you want to learn more about you can type it in and get access to information that has been reviewed by physicians. It is important, however, to make sure you see a doctor if you are worried you may be sick or have an infection.
- [Go Ask Alice](#): This website offers a broad range of health information that is designed with young adults in mind.
- [I wanna know!](#): This website offers information on sexual health for teens and young adults. This is where you will find the facts, support, and resources to answer your questions, find referrals, and get access to in-depth information about sexual health, sexually transmitted infections (STIs), healthy relationships, and more.
- [Sex Etc.](#): This website, by teens for teens, has some excellent resources including a clinic finder; discussion tools for how to talk with different people in your life about SRH; forums; and state-by-state summaries of SRH rights.
- [Circle of 6](#): This free smartphone app allows the user to discreetly contact six trusted people if you need help. Users can quickly send a text out to their whole circle sharing their location, or asking for help or support. The app comes pre-programmed with direct access to national hotlines and a specialized hotline of the user's choice, such as LGBTQ, Spanish-language, etc. based on their personal priorities, but other emergency numbers can also be programmed in.
- [The Trevor Project Support Center](#): This website provides resources on sexual orientation and gender identity and expression. Counselors are available through the website to answer questions by phone, text or chat.
- [Reach Out](#): This website is focused on providing youth friendly information on mental health issues. There are specific sections on romantic relationships; pregnancy and LGBTQ issues.
- [Scarlet Teen](#): This website describes itself as "sex ed for the real world." It provides lots of information on a wide range of issues and is sex positive and inclusive. In addition to many articles

and resources the website offers message boards, SMS service, live chat and opportunities to pose questions into an advice column.

- [Need Help Now](#): This website provides excellent practical information about what to do about cyber-bullying and how to stop the spread of sexual pictures or videos. Unfortunately, because the site is Canadian the section on relevant laws does not apply, but the practical information on getting images removed, changing account settings and other strategies are applicable.
- [It Gets Better](#): This website focuses on providing support to youth who are experiencing bullying or harassment because of issues related to their sexual orientation or gender identity and/or expression.
- [Young Woman's Health](#) and [Youth Men's Health](#): These websites provide information targeted at adolescents, including guides on a variety of sexual health topics such as contraception, STIs, LGBTQ health, and puberty.
- [Crisis Text Line](#): This free service offers text-based confidential crisis counseling. Text 741741 to talk to a trained crisis counselor. It has an extensive list of vetted referrals and resources.
- [Love Is Respect](#): This website offers information and services regarding healthy relationships
- [DayOne](#): This website offers information about dating abuse and domestic violence.

## Appendix G: Having “the talk”—Deciding Who to Talk to About Sexual Reproductive Health

Talk to adults in your life about SRH issues. This may be your parent, your foster parent, your caseworker, your ILP worker, a mentor, a friend, or a relative. There is no right answer about who to talk to, when to have the conversation, or how to bring it up. But here are some things for you to consider:

- **Are you comfortable?** These issues are hard to talk about and it is important that you feel safe, heard and respected in the conversation. If you don't, it is okay to say you don't want to talk about these issues with that person.
- **Will you get reliable information?** It's important to be able to trust that the information you get is accurate. Does something sound wrong or confusing to you? Look it up on websites you trust (see [Appendix F](#)) and see if what you learn is consistent with what you were told. It's better for someone to tell you they don't know the answer to something—and to help connect you to the resources you need to find out the answer—than for them to tell you something that is wrong. Be cautious about making SRH care decisions based on what you hear from friends without checking it out first. There are a lot of myths out there and you don't want to put your health at risk.
- **Will they support your SRH decisions?** SRH decision-making is something that many people have strong feelings about. It can be hard when what someone wants for you is different from what you want for yourself. It's a fine line: It is often good to get other opinions and perspectives on a decision, but it is also important that you don't feel pressured, shamed or punished about SRH choices. If someone is making you feel this way, it is okay to tell them you don't want to talk about these issues anymore. If they persist, be sure to tell your caseworker and/or your lawyer. If the person is part of the formal system—like your caseworker, your foster parent, your lawyer, or your ILP worker—you may need to file a [formal grievance](#).
- **Are they responsive?** It is important that you have someone who will answer your questions about SRH issues. If you aren't getting answers or they can't find the time to talk with you, find someone else to talk to.

One thing you may want to think about is how you want to talk about these issues with your parent(s). For most youth, talking about issues related to sex with their parents can feel uncomfortable, weird, or even scary. That is particularly true if you feel like you and your parent have different values about issues related to sex. But talking about sex is an important part of the parent-child relationship. Sometimes it gets hard, sometimes there are disagreements, and most of the time it is a little uncomfortable. That said, your parent may want to know about what is going on with you, have an opportunity to give you advice, and talk with you about their own values. Though these conversations may be difficult, they may also provide an important opportunity to keep a strong relationship and open communication with your parent. Similarly, your parent may want to be present at your health appointments—even your SRH exams—or to be there with you if you are pregnant and need prenatal care. Remember that you get to decide how you want your parents involved. In the end, you are the decision maker. You are not obligated to talk with your parent, your caseworker, your foster parent or anyone else about these issues. While it is important to have someone to talk to, it is also important that it is the right person. First and foremost, you should feel safe in the conversation. Lots of people will



offer and ask to talk to you about these issues. Hopefully that makes you feel like there are a lot of options of who to talk to—but in the end, you are in control and it's up to you.



## Appendix H: Identifying Affirming Spaces

If you are lesbian, bisexual, gay, or transgender or gender nonconforming, gender variant, gender fluid,<sup>3</sup> or just exploring questions about sexuality and gender identity, you need safe spaces where those around you are supportive to you. Likewise, if you are a youth of color, you need providers who are supportive of you and your racial or ethnic identity. It's important to make sure your providers affirm both your sexual orientation, gender identity and/or gender expression (SOGIE) AND your racial or ethnic identities—not just one or the other. Here are some questions to ask about various settings to see if they are affirming:

We recommend that jurisdictions consider how they will be able to answer these questions for youth by reviewing and possibly amending policy regarding support of LGBTQ youth.

- **Placement settings:** It is especially important that the place where you live is someplace where you feel comfortable being you. Some questions to ask when decisions about your placement are being made are:
  - Are there other LGBTQ youth who live there or does the residence have a history of being a good place for LGBTQ youth? Is it a good place for youth of color?
  - Does the provider/resource parent explicitly think of themselves as someone who is LGBTQ friendly and culturally sensitive? If so, what steps have they taken to have that reflected in the residence?
  - Has the provider/resource parent received any training, coaching, or education on LGBTQ issues and cultural humility?
- **Medical and Mental Health Providers:** It is also important that the people who provide your health and mental health care understand and can respond to your issues. Some questions to ask when being referred to a medical or mental health care provider include:
  - Does the provider specialize in care to LGBTQ clients?
  - Has the provider had specific training on working with LGBTQ clients and youth with different racial and ethnic identities?
  - Does the provider have experience working with LGBTQ clients and youth with different racial and ethnic identities?
  - What's the provider's philosophy and approach to working with LGBTQ clients and youth with different racial and ethnic identities?
- **Youth programs and activities:**
  - Are there staff who are either LGBTQ or affirming of LGBTQ identities?
  - Are there staff who are either of different racial and ethnic identities or are affirming of those identities?

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<sup>3</sup> Note, we use the term LGBTQ expansively in the broadest sense possible. There are many other acronyms that reflect the diverse range of sexual orientations, gender identities and gender expressions. We use LGBTQ to be uniform and to be brief. Language is constantly evolving, and so is this acronym. Through our work with youth and families we know that these categories are not always the most welcoming or appropriate terms. For example, youth may identify as gender queer or gender fluid. The term gender nonconforming or GNC is also frequently used in the field. Some youth with tribal affiliation identify as two spirited.



- Is the program geared or oriented to the needs of LGBTQ youth?
- If not, does the program have experience engaging LGBTQ youth?
- How does the program deal with conflicts, bullying, homophobia and racism?
  
- **Your Caseworker:** It's also helpful to know where your caseworker stands on these issues.
  - Do they have history and experience working with LGBTQ youth?
  - Are they comfortable supporting LGBTQ youth?
  - How well do they know the resources and community for LGBTQ youth?

## Appendix I: Filing a Grievance

A grievance is a formal complaint. If you have any of the following concerns, you should raise the issue and may want to file a formal grievance:

- Difficulty getting access to SRH care.
- Having your SRH rights disrespected.
- Being bullied, shamed, or punished because of your sexual orientation.
- Being bullied, shamed, or punished because of your SOGIE.
- Being bullied, shamed or punished because of your racial or ethnic identity.
- Being bullied, shamed, or punished because you had sex, got pregnant, contracted an STI, or because of any other SRH issue.
- Feeling pressured or forced to make a SRH decision—like what type of contraception to use or what to do about a pregnancy.
- Being denied access to your child or not having your decisions about your child be respected.
- Having private information about your SRH issues shared without your consent.
- Having someone in a position of power (e.g. caseworker, foster parent, ILP worker, service provider, lawyer) speak to you in an inappropriate manner.

We recommend that jurisdictions consider the grievance process they currently have in place and if this guidance needs to be amended or whether jurisdiction policy needs to be amended to be in line with what is suggested here.

It can feel difficult to file a grievance against the people who are responsible for caring for you. You may want to get the support of your lawyer or family member or mentor if you feel you need to file a grievance. The formal process for filing a grievance in our jurisdiction looks like this:

[Complete with jurisdiction specific information]

Some things to consider when thinking about filing a grievance:

- Document as much of what is going on as possible. Be specific and record dates, times, what was said and who was in the room.
- If you feel safe, you can talk with your caseworker or your lawyer about the issue first. They should be able to give you advice and keep what you tell them confidential. Of course, don't talk with them if their behavior is part of the problem.
- It is the agency's obligation to protect you, to investigate the issues you raise, and to keep others from retaliating against you or punishing you for filing a grievance.

Remember when you file a grievance or raise an issue, you are not only standing up for your own rights but also the rights of others. It is likely that what has happened to you may happen to others in the future unless someone brings it to people's attention and works to change things.

## Appendix J: Access Guide for Additional Resources

- [Complete with jurisdiction specific information—examples might include: supplemental funds for pregnant or parenting youth; access to a mentor; access to public health nurses; access to specialized clinics or other programs that work specifically with the agency]

## Appendix K: “Keeping Yourself Safe” Guide

**Proactive safety strategies:** You should have strategies in place to keep yourself safe and a plan for what you will do if you are not feeling safe. This applies to all kind of situations—when you’re going to a party, out late at night, going out on a date, or walking home from school or work.

- Who is going with me? What are our agreements about what to do if one of us is not feeling or not looking safe?
- How am I getting home? Do I have a back-up plan if that falls through?
- Who knows where I am? When should they check in on me?
- What if I have too much to drink or have taken drugs? Who will look after me? How will I get home?

If you feel like you are in danger call this number immediately: [complete with jurisdiction protocol for immediate response].

Another useful tool if you have access to a smart phone is this app: [Circle of 6](#). The app allows users to discreetly contact six trusted people if they need help. Users can quickly send a text out to their whole circle, sharing their location or asking for help or support. The app comes pre-programmed with national hotline numbers, but other emergency numbers can also be programmed in. You can indicate to your six trusted people that you need to talk, need an interruption, or want to share your location.

**Sexual Assault** is when someone forces sexual contact on you -- you have not given your consent and they continue even after you ask them to stop. Sexual assault does not just mean rape. Attempted rape, fondling or unwanted sexual touching, or forcing you to perform sexual acts like oral sex are also sexual assault. It can happen to anyone and it is never the victim’s fault. If someone sexually assaults you [complete with jurisdictional policy and procedure, including the number to call].

Even if it doesn’t feel like a “big deal” to you—someone just grabbing or touching you inappropriately or without your consent should be reported. Little things can escalate and someone who is willing to treat you inappropriately without your consent might be willing to go further. If you are raped or otherwise sexually assaulted, we are here to support you and help you get the care you need. Your caseworker can support you through the process of reporting the sexual assault. We can also help you connect to services and supports such as counseling to help you through the trauma of sexual assault. It is likely that you or your caseworker will need to file a formal police report. This site—<https://www.rainn.org/reporting-and-criminal-justice-system>—includes links to resources that will help you understand what to expect and explain aspects of the reporting process.

**Sexual Harassment** is when someone makes you feel uncomfortable or unsafe because they are asking you for sexual favors, making unwelcome sexual advances, making sexualized comments, or

### This is for everyone!

Unfortunately, everyone can be vulnerable to sexual violence or harassment. It is important for you to feel safe and supported in getting the help you need and protecting yourself. We know that males experience sexual violence as well as females, and that the fact that we don’t talk about it can make it harder for males to ask for help. We also know that LGBTQ youth are at greater risk of assault, rape, trafficking/exploitation, and are also victims of intimate partner violence. We all deserve to feel safe and free of sexual violence. Speak up, remember you are not the only one experiencing this and get the help and support you need and deserve.

discriminating against you because of your gender, sexual orientation, or gender identity. Like sexual assault, sexual harassment can happen to anyone. Also, like with sexual assault, if someone is harassing you [complete with jurisdictional reporting policy].

**Intimate partner violence:** Intimate partner violence is when your partner tries to physically, sexually, emotionally, or psychologically harm you. It can feel very confusing when this happens. Your response to what is happening to you can get all mixed up with your feelings for your partner. Again, anyone can be a victim of intimate partner violence. It is important to get help if this is happening to you. Even if you are not ready to leave the relationship, it can be important to talk with someone who has experience with these type of situations and can help you explore your feelings and options and make a plan for keeping yourself safe. There are several options that you can take: [complete with jurisdiction specific resources including: local shelter or DV resources, law enforcement, counseling, etc].

**Statutory Rape:** Statutory rape is defined as sex between an adult and a minor. Even if you were not forced and wanted to engage in sexual acts, it can still be considered statutory rape if your partner is an adult and you are a minor or if you are a legal adult and your partner is a minor. This can be true regardless of your gender or the gender of your partner. There is a lot of variation among state definitions of what constitutes statutory rape and it is important that you understand what the laws are here. [Complete with jurisdiction specific laws as well as more detail of how it is enforced in the jurisdiction]. While it can feel unfair for the state or the agency to dictate who you can or cannot be with, the statutory rape laws were developed to keep young people safe.

**Sexual safety in the age of the internet and mobile phones:** While the internet and mobile phones are useful, they can also make you vulnerable to sexual exploitation. There are a few rules to keep in mind:

- Don't post or send nude pictures, sexually explicit pictures, or sexually explicit comments. You may trust the person you are sending them to—but relationships change and phones and computers get used by others. It's always best to err on the side of caution.
- Be very wary of meeting in person with someone you met online. You may think you know the person well—but how do you know that what they've posted about themselves or written to you is true? The best bet is to just say no, but if you do meet in person, here are some precautions:
  - Meet in a public place.
  - Bring a friend with you.
  - Tell at least 2 to 3 people exactly where you're going.
  - Arrange for a friend to call you or check in with you at a pre-arranged time.
  - Keep your "creepy radar" on and if anything feels even the slightest bit weird make an excuse to leave.
- Don't let online sexual harassment slide. Is someone is making creepy comments, sending you unwanted sexual postings, asking you for nude pictures, pressuring you to engage in sexual acts online, or otherwise making you uncomfortable? Let an adult in your life know. Ideally show them the postings. There are sexual predators online and tip lines and resources set up to catch them. Letting someone know can not only help protect you, it can protect others too.

**Sexual trafficking:** Sexual trafficking is anytime that someone else makes money or gets things (drugs, presents, free housing, or other stuff) by having you engage in sexual acts. This could be forcing you to

have intercourse with someone, selling pictures of you to others, having you talk dirty to someone, or having you strip or dance. The point is that you are engaging in sexual acts for the benefit of someone else. It can feel confusing, especially if that someone else is someone you care about either romantically or because they are a friend, a relative, or a mentor. Sometimes relationships that started out alright but they become uncomfortable or even fearful because of what you are being asked to do. Whatever the situation, you should not feel like it is your fault, or that you will be blamed, punished, or shamed for what happened, or like you won't get help. Most states now have safe harbor laws to ensure that youth who have been trafficked are protected from prosecution if they come forward. [Complete with jurisdiction specific resources about steps to take, who to call and what resources youth can access. INCLUDE ESPECIALLY REASSURANCES OF YOUTH PROTECTION DURING THE PROCESS.]

**Survival sex:** This may start as a sexual relationship that you initiate and agree to and then becomes something you feel you have to do. Sometimes you feel like you need to have sex with someone because you can't make rent, pay for food or otherwise take care of yourself without depending on that person. Know that there are other options and you can get help Even if you initiated the relationship or consented to the relationship at first doesn't mean that you can't get help or that you will be prosecuted for receiving payment for sex.

## Appendix L: Having a Healthy Pregnancy—A Guide for Youth in Out-of-Home Care

If you've decided that you want to parent or want to place your baby for adoption the first thing to focus on is making sure you have a healthy pregnancy for yourself and your baby.

### Understanding your pregnancy

Baby trackers are a fun way to learn about what's going on in your body and with your baby during each stage of your pregnancy. Some will even send you text messages or emails with updates. Here are some options:

- <http://www.babycenter.com/pregnancy-calendar>
- <https://www.text4baby.org/>

In addition, the guide found at <http://www.healthywomen.org/sites/default/files/PregnancyPlanner.pdf> provides a lot more information about all the phases of pregnancy, what you might experience, and what to prepare for.

### Prenatal care

Prenatal care is specialized health care for people who are pregnant and their babies. Starting prenatal care early is important and all pregnant women should get prenatal care. Even if you haven't decided whether or not you want to have the baby, you should consider starting pre-natal care. Explore if you can get initial pre-natal care and counseling through a family planning clinic or provider who can also walk you through your options. There are special pregnancy-related vitamins that will help you have a healthy birth, if you decide to carry your baby to term. Once you are committed to carrying the baby, it is important to make sure you are keeping a regular schedule of prenatal visits. All of the care will be covered by Medicaid so don't worry about the cost. Focus on getting yourself a doctor you like and who you can get to easily because there will be lots of visits.

[Complete with jurisdiction specific information on how to make an initial prenatal care appointment].

Here are some things you want to make sure to discuss with your prenatal care provider:

- **Existing medications.** What are you taking, how often, and why? It's important not to make assumptions about your existing medications—whether you think they're okay to keep taking or not. Your doctor will help you weigh the pros and cons and make the best decision for you and your baby.
- **Smoking, drinking, or recreational drug use.** These can be dangerous for your baby. They can also be addictive behaviors that are hard to stop. Your doctor should know if you are doing any of these. Your doctor can provide medical advice and your caseworker can get you connected to community resources that can help.
- **Chronic conditions.** If you are struggling with health issues such as asthma, depression, eating issues, anxiety, or an existing STI, for example, it is important that you let your OB/GYN know and talk through how these issues might impact your pregnancy.



- **Safer sex.** It may sound strange to talk about contraception while pregnant, but many contraceptives also protect you from sexually transmitted infections (STIs). STIs can put you and your baby at risk.

Prenatal visits should happen about once a month until your third trimester, when they will become more frequent. A good description of what to expect in a prenatal visit can be found at [http://www.babycenter.com/0\\_what-to-expect-at-your-prenatal-visits\\_9252.bc](http://www.babycenter.com/0_what-to-expect-at-your-prenatal-visits_9252.bc).

### Healthy Choices During Pregnancy

You should be thinking about, and your doctor will want to talk with you about, how to make day-to-day life choices that will help you and your baby be healthy during pregnancy. Here are some things you may want to think about and a quick set of resources to get you started:

- Healthy eating: <http://www.webmd.com/baby/guide/eating-right-when-pregnant#1>
- Getting exercise: <http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy-and-exercise/art-20046896?pg=1>
- Dealing with stress: <http://www.webmd.com/baby/features/stress-marks#1>

There is a lot to do and to think about to ensure that you have a healthy pregnancy. Talk with your caseworker. S/he may be able to direct you to community resources and activities to support a healthy pregnancy. Here also are some local resources that can help you: [complete with jurisdiction specific information]

We recommend that jurisdictions make local linkages with key program birthing classes, doulas, pre-natal exercise and stress management, and support groups for pregnant women

### Involving your baby's father

If you are a mother, how you want to involve and engage your baby's father is an important question for you to consider while you are pregnant. Even if you and the father aren't together, he has rights to be involved in the baby's life. Pregnancy can be a time period to start to think about how you might want to work together around your baby's needs. Given that you will need to work together as parents, it is best to get fathers involved as early in the pregnancy as possible. If you and the father are together and/or the father is planning on being involved once you have the baby (or you have a new partner who is committed to co-parenting with you) here are some things to bring up in order to support the father's engagement:

- How will the father be involved in team meetings or case planning?
- How will the father be supported to visit the child?
- How will the father be supported to attend prenatal and other appointments with you?
- What are the co-parenting supports available to you?]

We recommend that jurisdictions consider how they will be able to answer these questions for youth by reviewing and possibly amending policy regarding father involvement and support.

If you are placing your baby for adoption, the baby's father's rights will have to be terminated so the adoption can legally move forward. You should discuss with the father whether he would like to continue to parent the baby. If not, an adoption specialist can help you and the baby's father understand the process and support you through what can sometimes be an uncomfortable situation. You may not be sure who the baby's father is, and that's okay—the adoption specialist will walk you through the process.

If you are an expecting father, and you and/or your partner are planning to place your baby for adoption, you can be involved in the adoption planning if you wish.

If you are under age 18 and your co-parent or partner is older than you, or you are over 18 and your partner is under 18, you will want to talk with your caseworker and make sure you understand the laws around statutory rape in your state and how your jurisdiction enforces those laws. Statutory rape is defined as sex between an adult and a minor. Even if you or your partner consented to the relationship, it can still be considered statutory rape. This can be true regardless of your gender or the gender of your partner. The laws vary from state to state and are implemented differently from place to place. Talk it through with your caseworker—they can help you understand how things are handled at the agency and help you make decisions about how to co-parent.

### Getting support during pregnancy

Regardless of whether the baby's father is involved it is important to think through who you want to support you during the pregnancy. Here are some questions to answer:

- Who can you talk to about the pregnancy and how you're feeling?
- Do you want someone to go with you to prenatal appointments?
- Who do you want at the hospital with you during the birth?
- Who can you call when you start to go into labor to help you get to the hospital safely?
- If you have other children, who will take care of your other children while you are at the hospital?

Feeling alone when you are pregnant can be devastating and can cause unhealthy stress for you and your baby. If you don't have individuals already in your life who can support you, you may want to consider joining a pregnancy support group where you will be able to connect with others who are in the same stage of pregnancy as you are. Ask your doctor or your caseworker if they can connect you to local resources.

### Pregnancy, Parenting, and Placement

If you are planning on parenting your child, one of the things that you need to talk with your caseworker about is your existing placement and whether that is a good place to stay once the baby is born. If not, the agency is going to need to initiate a placement change. Ideally this should happen while you are pregnant so you have as much time as possible to get used to your new setting before the baby is born.

### Preparing for Birth

Make sure you have a plan in place for what will actually happen at the birth. Your health care provider will probably have some planning tools for you to use but here are some questions you should make sure to think about ahead of time:

- Who can you call to take you to the hospital?
- Who should be notified when you go into labor?
- Would you like someone to be with you at the hospital?
- What should you bring to the hospital?
- Who will bring you home from the hospital?
- Other logistics related to the birth;



- Who will care for the child if you experience complications and cannot provide care?
- If you have other children, who will care for them while you are in the hospital?
- Which individuals and institutions (e.g. work, school, etc.) will need to be contacted to ensure that you are released of commitments through birth and recovery?

### Postpartum depression

Having a new baby can be challenging and exhausting and many parents experience what is called the “baby blues.” One in 10 new mothers, and some new fathers as well, experience a more serious or long-lasting depression. You are not alone if you feel this way. If your feelings of sadness or anxiety aren’t going away, or are getting in the way of your taking care of yourself or taking care of your baby, consider who you can reach out to for support. Mention it to your doctor, your child’s pediatrician, or the person who helped you through labor and delivery and has been your trusted friend through your pregnancy. Or, talk to your caseworker about getting connected to counseling, support groups or other mental health services or supports. Get support early and have an upfront conversation with your medical provider about how they will work with you to get the help you need around your depression and how they will handle parenting concerns. Be aware that if there are concerns that your depression is putting your child at risk it may be grounds for child protective service involvement.

## Appendix M: If You are Expecting to be a Father

If you are expecting to be a father, it is a great time to get involved and start to build the skills and knowledge you need to be the best parent you can be.

### Talking with your partner

While you may be anxious about the decisions your partner will make about the pregnancy, it's important to understand that the person carrying the baby has the right to make decisions about their body and about what happens next. Talking to them is a good way to understand their perspective. Some questions to consider:

We recommend that jurisdictions consider how they will be able to support father involvement and amend this guidance appropriately, or amend their policies to provide greater support for fathers.

- What does your partner want to do about the pregnancy? Does she want to have the child? To parent? To place the baby for adoption? To have an abortion? The choice to have an abortion is her own, and while you can give your opinion, you can't force her to make a decision one way or another—nor should you try to pressure her. Carrying a child for 9 months is a big deal and a large decision about one's body and one's life. If your partner chooses to carry the child to term, then the two of you will need to work together about what happens from there. Once the baby is born, you have the right to make decisions about your child. If you and/or your partner are planning to place your baby for adoption, you can and should be involved in the adoption planning.
- Does your partner want you to be involved in prenatal care? Prenatal care is specialized health care for pregnant women and their babies. Medical care is private, and your partner may or may not want you in those appointments. If she does want you involved, it is a great way to provide support and start to feel connected to your baby before it is even born. Talk with your caseworker about whether you can get transportation or other supports to attend medical appointments.
- Does your partner want you present for the birth or at the hospital during the birth? If so, plan ahead to make sure you can get time off from work or school.
- What are the other ways you can be involved? Some people take birthing classes to help them prepare for delivery and want their partners with them for the classes. Sometimes people who are pregnant are told they need to exercise or need to rest. Lots of people crave different kinds of food when pregnant. All of these things provide small ways for you to be involved and can help build your relationship with the co-parent.

### Learn more about pregnancy and parenting

One of the best ways to be supportive and involved is to build your understanding of what is going on in the pregnancy and to prepare to parent. Baby trackers are a fun way to learn about what's going on at each stage of the pregnancy. Some will even send you text messages or emails with updates. Here are some options:

- <http://www.babycenter.com/pregnancy-calendar>
- <https://www.text4baby.org/>

Your caseworker can also probably connect you to local resources like dads' groups, fatherhood programs and parenting classes.

### Paternity

Once your baby is born you have legal rights as a father—and responsibilities. The first step is to get your paternity acknowledged and recorded. Ideally your name will be on the baby's birth certificate. Talk to the baby's mother to confirm that she will be giving your name as the father at the hospital. This is important and can act as proof of your rights as a father. If your name is not on the birth certificate, you can always voluntarily acknowledge paternity. Here is a link on how to do that here in our state: [\[complete with jurisdiction specific information\]](#). If your partner contests your paternity you can also request a blood test to prove your paternity. [\[Complete with jurisdiction specific information\]](#).

The next step is to plan for how you can be engaged in your baby's life. The options are vast, and ideally should be mutually agreed upon between you and the baby's mother. It is best if the two of you will work together and share parenting responsibilities. Remember that you have a right to be involved with your child. If this is not happening, or if you think you want custody, talk with our caseworker and your lawyer immediately. They can help you get connected to resources that can help you learn more about your rights as a father.

In addition to parenting and spending time with your child, you share responsibility with the child's other parent to make sure that your child has what they need to grow and develop. There are many ways to provide support to your child: one of them is financial child support to help pay for the things your child needs. Again, your lawyer may be a good person to connect you to resources on what the child support laws in your state look like. The payment amount is set based on factors, including your ability to pay. It is important that you work with the mother and child support enforcement to come to an agreement on a way for you to contribute what is doable for you. [\[Complete with details on local child support laws\]](#).

If the baby's mother decides that she does not want to parent—or the state decides that she is unfit to parent—you should be able to ask for custody of the child or play an active role in the adoption process, helping to make key decisions about what type of home is best for your child and how you would like to stay involved in the baby's life post-adoption. Our agency can connect you with an adoption specialist who can explain the adoption process to you, help you understand your options, and help you evaluate whether adoption is right for you.

### A caution for underage youth with adult partners

If you are under 18 and your co-parent or partner is older than you (or you are over 18 and your partner is under 18), you will want to talk with your caseworker and make sure you understand the laws around statutory rape in your state and how your jurisdiction enforces those laws. Statutory rape is defined as sex between an adult and a minor. Even if you or your partner consented to the relationship, it can still be considered statutory rape. This can be true regardless of your gender or the gender of your partner. The laws vary from state to state and are implemented differently from place to place. Talk it through with your caseworker—they can help you understand how things are handled at the agency and help you make decisions about how to involve your partner.

## Appendix N: The Parenting Guide for Youth in Out-of-Home Care

Congratulations on becoming a parent! It is often said that parenting is both one of the most rewarding experiences in life and one of the most difficult. We want to support you while you are parenting and make sure that you have what you need to give your child a great start in life.

### Your child's status in the child welfare system

A child welfare case should not be opened on your child, your parental rights should not be terminated, nor should you be pressured to give up your parenting rights just because you are in out-of-home care. The only reason a child welfare case should be opened on your child is if something has happened to threaten your child's safety. In those cases, like any parent in the system, it should be explained to you exactly what the perceived danger to your child is and how you can work to ensure that your child is safe.

### Parenting and placement

You need a placement setting that is a good place for your child. This is true whether your child lives with you full time or if you only have part-time custody or visitation rights. Whatever your situation, if your placement is standing in the way of you getting to spend time with your child, exposing your child to dangers, or preventing your child from getting what they need, you should request a case review and a placement change. Your baby should not be taken from you, or access to your baby limited, because of your placement. The agency should work with you to develop a placement setting that is right for you and your child. The only exception is if you need special services, and because of those needs you require a specialized setting that cannot accommodate children. In those cases, the agency should work with you to ensure that there are ways for you to have all the visits and contact possible to bond with your child and build a healthy relationship.

If you need to move placements while you are parenting, the agency needs to think through your child's needs as well as yours. This means thinking through how the placement meets:

- Goals for educational continuity and quality for both you and your child.
- How the placement change will impact your ability to co-parent or your co-parent's ability to be involved.
- How the placement change will impact your child care arrangements.

If a placement change needs to be made, you will be able to take your child's things with you, unless those things were purchased by your foster parents for use in their own home. Things purchased with your foster care payments or supplemental funds for your child are yours and should move with you.

### Co-parenting

Having another person with you to share the work and the joy of parenting can make things easier and better for you and your child. Even if you and your child's other parent aren't together, it is helpful to figure out how to work together, communicate and make sure your child is getting what they need. Whether you have primary custody of your child or your co-parent (or another adult) has custody, the question of how to parent together is important.

- [Complete with list of co-parenting resources]

Regardless of your situation there are certain things you can ask for:

- Your co-parent should be able to visit you and your child in your placement setting. You and your co-parent should be able to sit down with your foster parent and/or your caseworker and discuss the rules governing visitation—how often, during what hours, how much notice needs to be given, etc. If the rules are too restrictive and you or your co-parent aren't getting time to be with your child, you can let your caseworker or lawyer know.
- You can have your co-parent involved in teaming meetings and in case planning that will impact your child. You are not required to involve them in teaming meetings, but your caseworker may hold separate teaming meetings with the co-parent. It is important is that you have the right people to support you.

If you are under 18 and your co-parent or partner is older than you (or you are over 18 and your partner is under 18), you will want to talk with your caseworker and make sure you understand the laws around statutory rape in your state and how your jurisdiction enforces those laws. Statutory rape is defined as sex between an adult and a minor. Even if you or your partner consented to the relationship it can still be considered statutory rape. This can be true regardless of your gender or the gender of your partner. The laws vary from state to state and are implemented differently from place to place. Talk it through with your caseworker they can help you understand how things are handled here and help you make decisions about how to co-parent.

#### Premature, substance exposed or medically fragile infants

If your child is born early; with alcohol or other drugs in their system or is medically fragile a number of things might happen:

- ▶ Your child may need to stay in the hospital longer than is typical for a new born. Depending on the care they need and the hospital's policies you may or may not be able to stay with them.
- ▶ They may need to be placed on an incubator, placed in the neonatal intensive care unit (a special hospital wing for high need babies), or given other medical interventions.
- ▶ They may be more difficult to care for (harder to feed, more difficult to soothe, etc.)
- ▶ They may need special services and care to help them catch up to other kids.

It can feel scary when this happens to you and your baby. When these issues are related to substance abuse during pregnancy, it can leave you feeling particularly vulnerable as CPS may be called in to assess whether your substance abuse is likely to impair your ability to parent and keep your child safe. Please remember that in this jurisdiction substance use [complete with jurisdiction specific information as to whether substance abuse is or is not, in itself a reason for your child to be taken into CPS custody and modify this guidance appropriately]. You will, however, probably need to be able to demonstrate that you are committed to addressing your substance use issues—and that you can care for your child while going through treatment.

Regardless of the situation it is important that you get the help and support you need to help you parent effectively.

- ▶ Make sure you learn as much about any special care or needs your child has before you leave the hospital.
- ▶ Ask for referrals and connections to parenting supports that can help you to effectively parent your child.



- ▶ Make sure to mobilize friends, family or your partner to help you—especially if you will be parenting a child who is harder to parent or has special needs.
- ▶ If you have substance use issues you need to deal with ask about programs that will allow you to access treatment while caring for your child.

Remember that many babies that are born with these conditions catch up and are able to thrive.



## Appendix O: Getting Parenting Supports: Go-to Sites and a Planning Guide

Go to sites for parenting questions and to understand child development

- [Text for Baby](#): This mobile app provides regular texts with information and tips based on the stage of your pregnancy and the age of your child. The app can also remind you of upcoming appointments and provides interactive activities that help build parenting knowledge and skills. Website to learn more: <https://www.text4baby.org/>
- [One Tough Job](#): This website has a wide range of parenting resources specific to the age of your child. Website is: <http://www.onetoughjob.org/ages/infants>
- [Just in Time Parenting](#): This website delivers monthly newsletters to your email in-box focused on specific issues for your child's developmental age. Website is: <http://www.jitp.extension.org/>

Jurisdiction specific supports for parenting youth

[Complete with jurisdiction specific services or resources available to parenting youth]

Localized list of resources

[Complete with jurisdiction specific list of local programs such as:

- Homevisiting programs
- The Women's Infants and Children's Nutrition Program
- Parenting classes
- Medicaid and/or other relevant health insurance
- Well child care
- Head Start and Early Head Start
- Subsidized child care
- Subsidized pre-K
- Early learning programs
- Early intervention services
- Fatherhood programs Peer mentoring groups and educational outreach

Include name, description, location and contact information.



## Stability Plan

This plan helps to make sure that your kids are safe and cared for if something happens that keeps you from being with them for a short time. Having a stability plan in place helps to ensure that your children don't get unnecessarily placed in child welfare services. We recommend that all youth in care—especially those in independent living—have a stability plan in place.

Name of Parent: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Co-parent: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and age of children: \_\_\_\_\_

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Who would be willing to care for your children in an emergency?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

What daily routines does this person need to know about (e.g. when do children need to get to school, when are bed times, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For each child list three things that your emergency caregiver can do to make them feel safe and cared for (e.g. favorite foods, special object, special rituals): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Appendix P:

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