



Created by the Fordham Interdisciplinary Parent Representation Project*

Guide to Working with Young Parents in Out of Home Care

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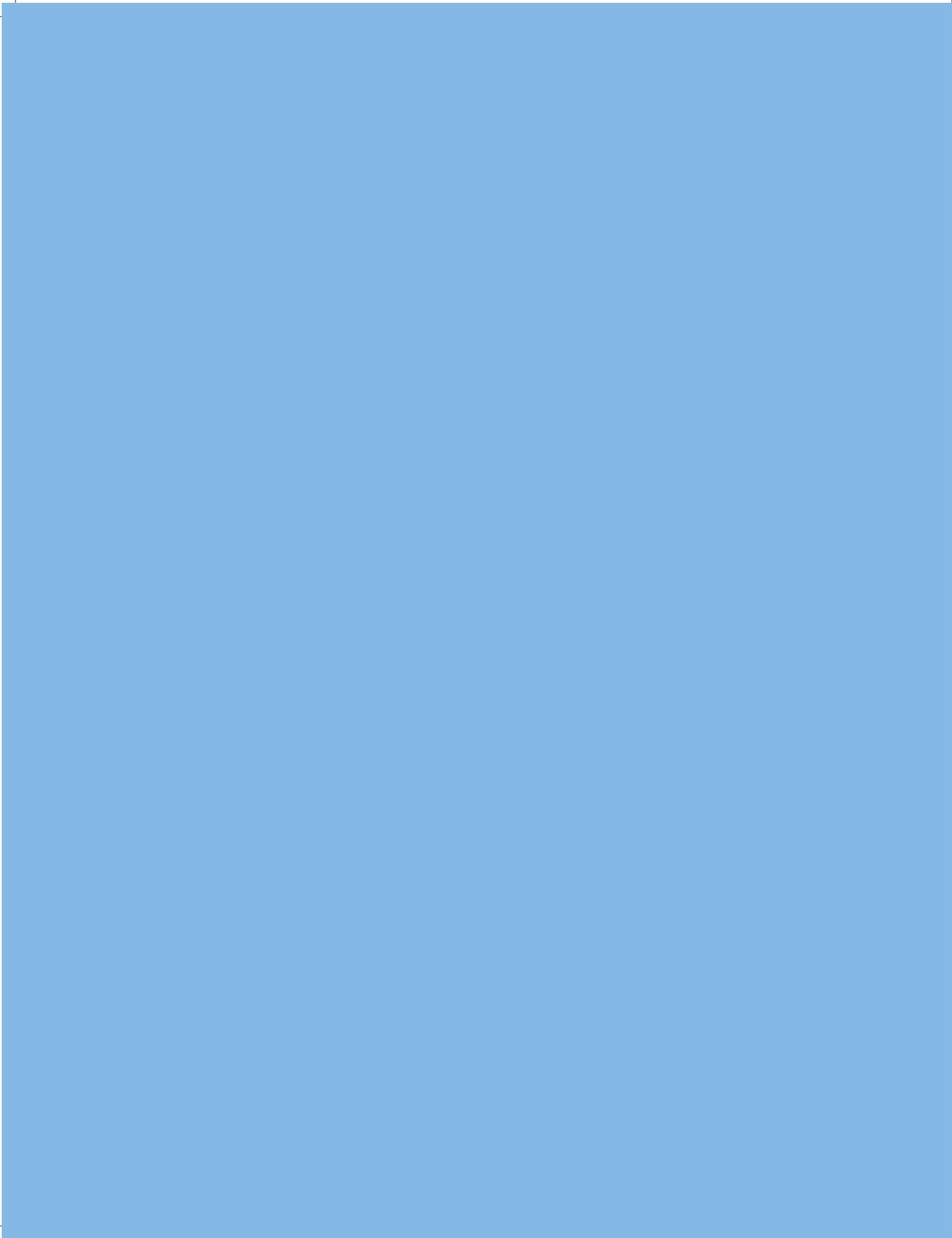


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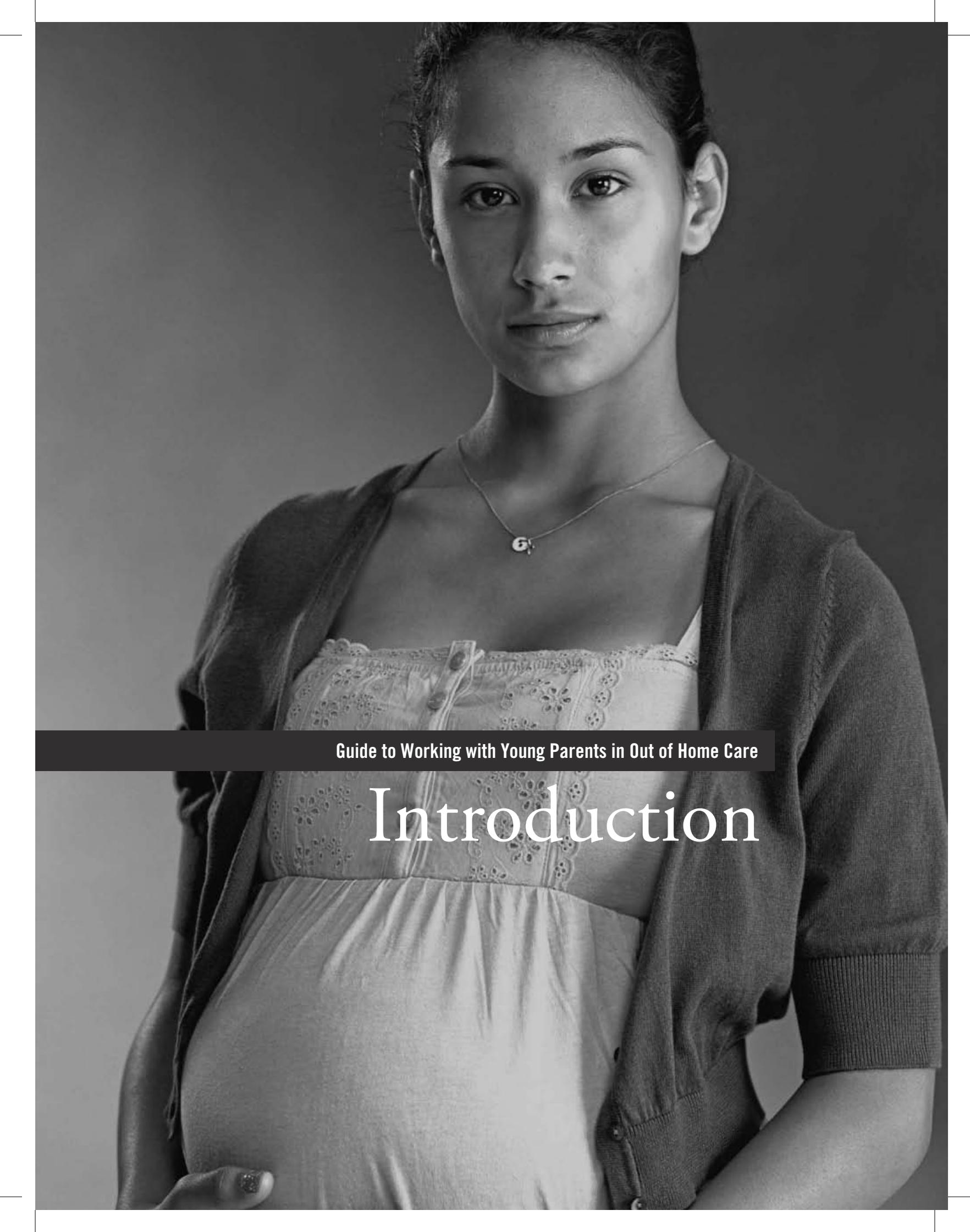
Interested in becoming a resource parent for a pregnant or parenting young person?

Call 311 or the Parent Recruitment Hotline at 212-676-WISH (outside of NYC: 877-676-WISH)

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Guide to Working with Young Parents in Out of Home Care

Introduction

Introduction¹

The *Guide to Working with Young Parents in Out of Home Care* provides information and guidance for working with pregnant and parenting youth that are central to appropriate service delivery and the Family Team Conference practice model. **The focus of this guide is to provide support to young pregnant and parenting youth, helping them as they develop both as individuals and as parents through positive casework interactions.** The *Guide* encourages a strengths-based approach to ensure the safety of both young parents and their children. It offers suggestions for engaging young parents in conferencing and supportive services while highlighting the importance of maintaining a young parent's right to privacy and autonomy, and emphasize comprehensive planning for pregnant young people to promote well being, to minimize the need for court intervention, to ensure placement stability and to help young families move more quickly toward permanency.

The *Guide* is designed to be used primarily by provider agency case planners, but may also be useful to child protective staff, Family Services Unit staff, parent advocates, attorneys and others who work with this vulnerable population.

While there are many references to young mothers² throughout the document, we recognize the importance of engaging young fathers, as appropriate, in planning and caring for their children. The *Guide* includes a section entitled “Involving Fathers” and lists some resources for fathers in the Appendix.

Other family members or members of a young parent's support network may also be instrumental in supporting the young parent from childhood or adolescence into adulthood. While many young parents and their children reside in group settings, it is generally preferable for young parents to reside in family settings. Family settings may be foster homes but may also be homes of close family or friends that young parents and their children are released to or directly placed in by the Family Court. The term “resource parent” appears in this *Guide* in place of “foster parent.”

Case planners and others working with pregnant or parenting young people should also be mindful that lesbian, gay, and bisexual young people experience higher rates of pregnancy than their heterosexual peers.³ It should not be assumed that a young person identifies as heterosexual simply because he or she is pregnant or parenting. As with all casework practice,⁴ services provided to pregnant or parenting lesbian, gay, bisexual, transgender or questioning (LGBTQ) young people should be designed to address their particular needs as parents, and should be provided in a culturally competent manner.

The *Guide* should be read in its entirety and used as both a training tool and a reference guide as it includes a variety of resources that may be useful in individual cases.

1 This *Guide to Working with Young Parents in Out of Home Care* was created by members of the Fordham Interdisciplinary Parent Representation Project, a working group of parent and child advocates, foster care providers and community-based organizations with invaluable insight provided by young parents in foster care. Contributions from NYC Children's Services helped ensure the *Guide's* accuracy and consistency with Children's Services policies and procedures.

2 Throughout this document, the terms “youth,” “young mother,” “young parent,” “minor parent” and “young person” appear interchangeably. All are intended to refer to a young person who is in foster care and is either pregnant or parenting, including, where appropriate, young fathers in care.

3 A number of population-based surveys of youth in Canada and the U.S. in the past two decades have documented higher rates of teen pregnancy involvement among sexual minority youth compared to heterosexual peers, often 2 to 10 times higher (Blake et al., 2001; Saewyc, Bearinger, Blum & Resnick, 1999; Saewyc, Pettingell, & Skay, 2004). 2008 SIECCAN, The Sex Information and Education Council of Canada

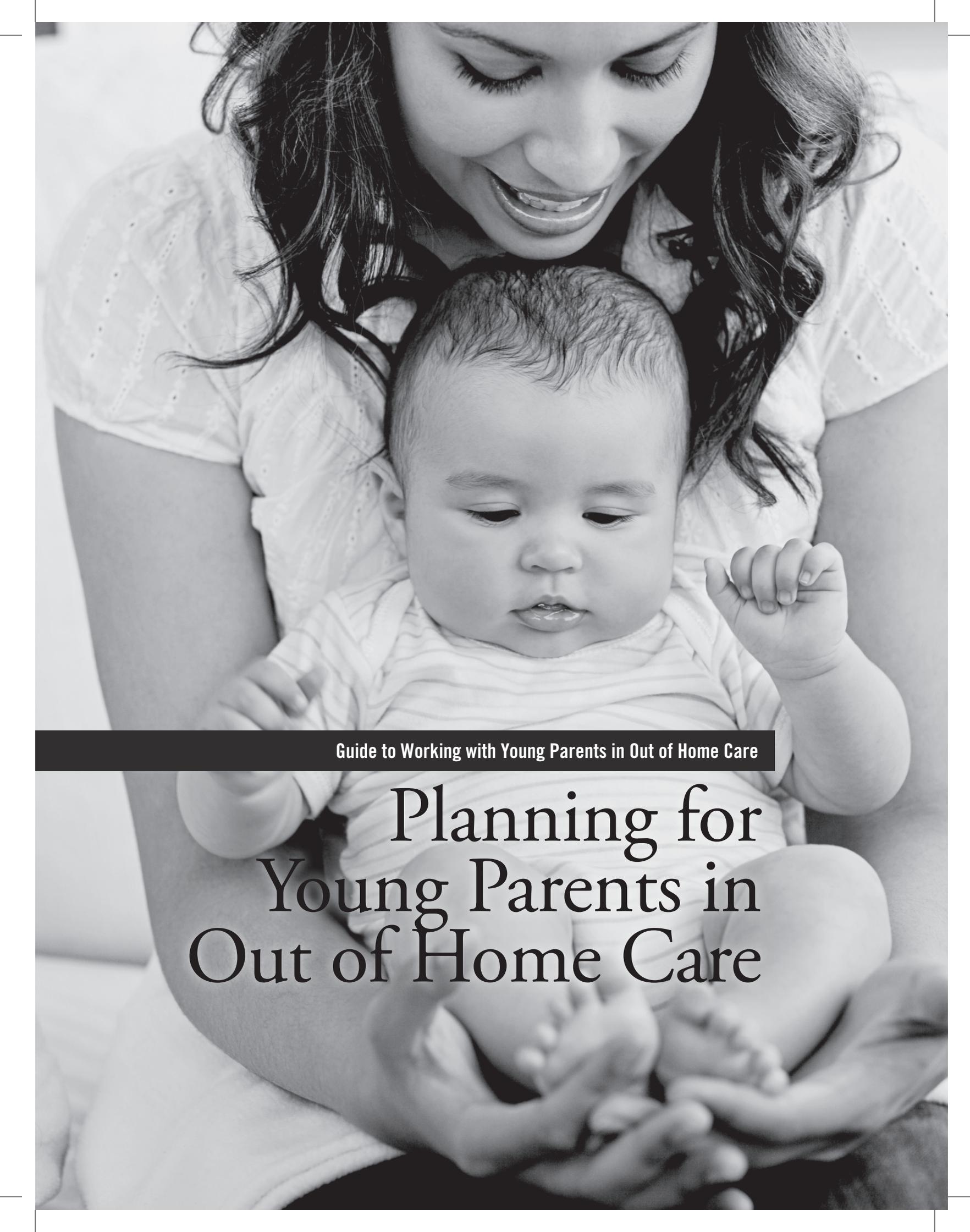
4 [Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning \(LGBTQ\) Youth and Their Families Involved in the Child Welfare System](#), NYC Administration for Children's Services Policy #2011/5,

IMPLICATIONS OF CULTURE AND RACE

The ways in which culture and race affect teenage pregnancy are complex and dynamic, yet each play an important role in defining the characteristics and specific needs of pregnant and parenting youth. Unraveling the impact of these two forces can be challenging in terms of understanding the broader social factors that play out in response to public policy decisions and practices. Policy makers, practitioners and the community must see, hear and understand culture and racial experiences in a historical context that impact the health and lives of young parents in out of home care to achieve positive outcomes on their behalf.

Culture and race are directly associated with access to services, opportunities and lifestyle choices for young parents in out of home care. Child welfare workers, practitioners and program administrators should be aware of and be responsive to the influence of family, community and religious beliefs, cultural norms, language and communication styles, and intergenerational patterns on each young parent, including young fathers. In striving for cultural competency it will be necessary for child welfare staff, practitioners and program administrators to continually challenge cultural and racial stereotypes and biases that can potentially undermine positive casework relationships.





Guide to Working with Young Parents in Out of Home Care

Planning for Young Parents in Out of Home Care

Planning for Young Parents in Out of Home Care

LEGAL STATUS OF YOUNG PARENTS IN CARE

Before a case planner can begin to engage young parents in planning for themselves and their children, he or she must understand the legal status of young parents in care and the supports they are to receive. The Commissioner of the Administration for Children's Services (ACS) is a young parent's custodian while that child is in care. ACS and its provider agencies are responsible for planning and offering services that will help young people in care develop positive parenting practices and care for their children and themselves.⁵ As long as there are no court orders restricting a minor parent's custody of her child, she has full decision-making authority over the care and custody of her child. The young person has the same rights as any other parent despite her age or status in care. These rights include the ability to make decisions about medical care and about who is allowed to visit with her child, as well as the right to have access to medical and other records kept about her child. Although the child will usually reside in a foster home or a residential care facility with the young parent, the child's legal status is not "in foster care."

The case planner should work with the young parents, resource parents and extended family members to identify service providers in the young parent's community. While it is important and necessary to ensure appropriate services are provided in planning efforts, the young parent ultimately decides whether to participate in service planning for her child. With this in mind, Children's Services and its provider agencies are to work diligently with the young parent to engage in services and provide clarity on the reasons why they are doing so. The case planner should ensure that the young parent understands all of the reasons for the service referrals, how the services relate to her child's physical, emotional and developmental needs, and how the safety and well-being of her child could be affected without the necessary support and services or her decision not to engage in services.

Joint Placement of Mother and Child

Although a young parent in foster care has the responsibility to make decisions about her child, it is the agency's responsibility to secure appropriate placement for her and her baby. Placement considerations must take into account the emotional and physical needs of an infant to bond with his or her mother continuously from birth. Placement options should be explored as soon as the pregnancy is known in order to avoid separating the mother and child when they leave the hospital. The infant may remain in the hospital or be separated from the mother only when it is medically necessary. The mother and child should be jointly discharged from the hospital to a mother-child placement in either a specialized residential facility or a family setting. To strengthen child-parent bonding, the case planner should work closely with the agency home-finding staff, extended family and community partners to find a home or residential site, if appropriate, that keeps the mother and child together and maintains connection with the child's father, as appropriate.

Funding

A case planner should explain to a new young mother who is placed in a foster home that her resource parent will receive foster boarding home payments for the young mother and her infant. The newborn child does not have to be legally placed in foster care in order for funds to be provided to care for the baby. This financial assistance, categorized by Children's Services as "8D funding," allows the youth to

⁵ For young parents placed directly with a relative or other suitable person by the Family Court, the Children's Services Family Services Unit holds this responsibility.

continue to live in foster care with her child, while retaining full rights to and custody of her child. The baby is allocated the same foster boarding home rate as a foster child of the same age.⁶ The financial assistance that agencies must provide to support the children of young parents in foster care includes:

- Clothing and diaper allowance for the child;
- Medicaid for both young parent and child;
- Child care; and
- Any special furniture or equipment needed (including, but not limited to cribs, strollers, high chairs and car seats).

This financial assistance is supplied by the provider agency directly to the resource parent⁷ or maternity/mother-child facility where the young parent and her child reside. The resource parent may manage this money for the young parent, but should work together with the young parent to ensure that food, clothing, diapers, and other supplies are purchased for the baby. The resource parent may also give the young parent some or all of the money allotted for the baby, leaving the young mother responsible for budgeting funds and purchasing the baby's necessities. It is encouraged that this arrangement be discussed as soon as possible with the young parent, resource parent and case planner present. This discussion does not have to wait until a conference is scheduled. The young person and her child(ren) should always have adequate food, clothing, diapers, medical care and other baby supplies needed to ensure their well-being. The case planner should consider referring the new parent(s), including the new father, to a financial literacy workshop as soon as the pregnancy is known, or as soon after the child's birth as is feasible. Though it will not impact the allowance provided for the infant, the father⁸ should be encouraged to support his child financially.

Child care is provided to a young parent who has custody of her child and is either working, attending school or enrolled in a vocational training program. Children's Services administers NYC's Child Care Subsidy program. The case planner is responsible for making arrangements for child care and ensuring that it is properly funded. For further information on child care, refer to the Early Care and Education Services section of this guide.

INVOLVING FATHERS

A young mother in foster care and her child can benefit greatly from the involvement of the child's father (and vice versa). Research indicates that when fathers are involved in their children's lives in some capacity, their children display greater positive sex-role development, better social adjustment and cognitive development and higher academic achievement. Unfortunately, most teenage pregnancy and parenting programs focus only on young mothers, with very little information on the father's involvement.

A provider agency should support a young mother's decision to co-parent with her child's father and involve his family in planning when appropriate. A case planner should support a young mother's choice to visit with her child's father. A case planner need not clear a father or his family members through the SCR unless specific safety concerns arise. The case planner should also inquire about the father's family where appropriate. Even when a father or family member has a SCR report or criminal history, this should not automatically preclude visiting. The case planner should make a balanced assessment of a family's current circumstances.

6 Minor Parent/Infant Foster Care and Adoption, NYS Office of Children and Family Services (OCFS) Administrative Directive, July 7, 1994, (in the attached Appendix)

7 As explained in the introduction, a resource parent may be a person whose home is certified as a foster home, OR a person with whom a young parent is directly placed or released or paroled by the Family Court. Financial assistance is provided to resource parents who are certified to provide foster care, but not to other resources.

8 NYS Youth in Progress- Need to Know Series: Pregnancy and Parenting Issues for Youth in Care (Rev.09/10). Non-custodial teen parents (including parents who do not have legal rights and responsibility for raising their children) must pay child support even if the custodial parent is in foster care. A court determines the amount of support a teen parent has to pay regardless of the teen's age or whether the custodial parent gets married to someone else. Child support includes cash payments, health insurance for the child, and payments for child care.

While there is an increasing focus on involving fathers in caring and planning for their children, resources and programs are limited. A list of resources are included in Appendix A. Currently, there are no congregate placements for young fathers or for young families in NYC. Case planners should explore placements that allow fathers to live with their children while receiving the same services available to young mothers where this is appropriate.

When working with a pregnant or parenting youth it is essential to screen for relationship dysfunction, and to evaluate the young person's safety before doing any planning that involves her partner. Pregnant and parenting youth may be more vulnerable to relationship abuse than other young people because of factors including the rejection they may experience from peers, family and other adults, and/or shame related to being pregnant. These factors can result in young people being more likely to stay in abusive relationships for fear that they will be completely without support if they leave. Similarly, the stress that pregnancy places on young people, and the feelings of confusion and shame, can create an atmosphere that is more conducive to abuse and control. The effect of these factors may be intensified when a young person is in foster care, is otherwise separated or estranged from her family, or is in a relationship with a much older partner.

COLLABORATIVE PLANNING AND PERMANENCY

Tips for Maximizing a Young Person's Participation in Conferences:

- Listen to the young parent. Make sure that her voice is heard and that she is treated respectfully as a full participant in the conference.
- Respect the young parent's right to confidentiality, privacy and familial decision making. Discuss only relevant information during conferences.
- Ask the young person who she wants to invite. Is there a former resource parent? A friend or family member? A boyfriend? Is there a therapist, teacher, or other service provider who may provide feedback and input about the young person's needs and the availability of appropriate services?
- Is there a resource who can temporarily provide babysitting or respite for the young parent?
- Help her to reach her supports to notify them of the time and location of the conference and confirm whether or not they can attend.
- Are there community based service providers who would be willing to come to the meeting and meet the young person face-to-face for the purpose of planning additional support that the young person may need?
- Notify the lawyers for the youth of any upcoming conferences as soon as a conference is scheduled.
- Discuss with the young person whether to include the expecting or parenting youth's parents.
- Efforts should be made to include the father and paternal relatives when possible, if the father's rights are not terminated.

Family Team Conferences and Planning with Pregnant and Parenting Young People

Family Team Conferences (FTCs) are structured to engage young parents, family, community members, and resource parents in critical decisions related to child safety, placement (planning/preservation), well-being and permanence. This process results in more effective and timely plans that afford young families continuing networks of support. With the consent of a young parent, the planning agency should invite all relevant parties (including the expecting or parenting father) to participate and share information at conferences. The young parent should be encouraged to participate and share her needs and concerns during conferences both during and after pregnancy. *Refer to "Tips for Maximizing a Young Person's Participation in Conferences" on this page.*

When an agency becomes aware that a young person in its care is pregnant and is planning to have her child, the agency should hold a FTC or Placement Preservation Conference to determine whether it is possible for the youth to remain in her current placement once she has the baby and whether additional services will be needed in order to do so. If the young person cannot stay in the placement and must move, the resource parent must work with the provider agency to help make the transition happen with as little trauma as possible. The FTC or family meeting should focus on the exploration of supportive family settings for the young mother.

Securing an Appropriate Placement

If the planning agency determines that a new placement is needed for a pregnant young woman, it should begin to identify a foster home or other appropriate placement as soon as possible and no later than the young woman's sixth month of pregnancy. If an intra-agency foster home placement is not identified, a referral packet including the summary from a FTC must be provided to the Family Team Conferencing-Child & Family Specialist unit that will coordinate securing an appropriate placement through Children's Services' Office of Placement Administration. The overall goal is to secure a stable home for a young woman by her eighth month of pregnancy in order to ensure a smooth transition into the new placement as far in advance of delivery as possible and to avoid having a young person's placement changed after she has her baby.

Family foster care, with the resource parent(s) modeling positive parenting practices, is the preferred option for pregnant and parenting young people to receive guidance as they develop competence and confidence in their roles as parents. In a family setting, the relationship between a young parent and her resource parent should be very supportive. Resource parents should be trained to engage, coach and mentor young mothers to help them develop parenting skills that must be learned both during pregnancy and after the birth of the child. Similar support should be shared with young fathers. Resource parents should be provided with the resources and support to help both the young parents and their child achieve developmental milestones. The provider agency is responsible for the provision of resources, support and services that may be necessary for the young parent and her child to thrive in their placement.

Specialized maternity/mother-child residences are another placement option made available for pregnant and parenting young people in foster care. The Maternity and Mother/Child Blended (MMC) residential care program offers an integrated practice with special emphasis on coordinating treatment plans between provider staff (including on-site clinical staff) and other community service providers. Pregnant and parenting young people in this program receive appropriate clinical services that help facilitate timely family reunification or placement in family based foster care settings. MMC residential care programs accept females, ages 16 to 20 years old, who are pregnant or parenting in foster care. A pregnant or parenting youth in foster care less than 16 may be eligible for the MMC program only if she cannot be maintained in a family based foster care setting at the time of placement.

Checklist for Pregnant & Parenting Young People in Out of Home Care and the Preparing Youth for Adulthood (PYA) Checklist

The Checklist for Pregnant and Parenting Young People in Out of Home Care ("PPYP Checklist"—see Appendix) was designed for case planners and service providers to ensure that services and resources for pregnant and parenting youth are identified and discussed during FTCs. Prior to and following FTCs, case planners should use the PPYP Checklist as a tool to make effective plans with young people, starting as early in their pregnancies as possible. Information from the PPYP Checklist, including health information related to pregnancy, should be entered into Connections to aid in service planning for pregnant and parenting young people. The PPYP Checklist does not replace the Preparing Youth for Adulthood (PYA) Checklist. The PYA Checklist should continue to be completed when working with youth in care ages 14 and up. It is strongly encouraged that the PPYP Checklist be used as a planning tool to accompany the PYA Checklist. However, unlike the PYA Checklist, which is used for a particular age group, the PPYP Checklist can and should be used when working with any young person in care identified as pregnant or parenting. For pregnant and parenting youth under the age of 14, case planners should also refer to the Comprehensive Family Assessment and Service Plan (FASP) Placement and Service Needs.⁹

⁹ [Family Services Stage-Comprehensive Family Assessment and Service Plan](#), NYS Office Children Family Services-IT-BCP-COMP001pgs 37-42, Rev 1/06.

PREVENTIVE SERVICES

A range of preventive and community-based services is available to help pregnant and parenting young people in foster care keep their families together. These services constitute part of the “reasonable efforts” that Children’s Services and provider agencies are required to make to prevent the unnecessary separation of children from their parents. These services are voluntary for a young parent. Because some young parents may feel more comfortable at an agency that is not contracted with Children’s Services, such as The Brooklyn Young Mothers’ Collective, The Door, or an after-school program, a case planner should consider a wide range of preventive services, including PPRS agencies and community-based programs that serve young people (see **Appendix A—Resources for Young Parents in Out of Home Care**). If the provider agency cannot offer direct preventive services when a youth and the case planner identify such a need, the case planner should immediately make an appropriate referral. A timely referral to an outside service provider that addresses the young parent’s specific needs is essential in order to successfully engage him/her.

Preventive services can include concrete assistance (e.g., obtaining child care, applying for housing or public benefits), direct services (e.g., mental health services,¹⁰ parenting classes, dyadic therapy, support groups, and job training), advocacy (e.g., education, legal), and ongoing support (e.g., Nurse Family Partnership).

A young or expectant parent’s case record may include mental health diagnoses. However, those diagnoses may not be up-to-date and may therefore no longer be accurate. The young or expectant parent may be referred for a mental health screening. A mental health screen is part of an annual comprehensive physical exam for children and youth in foster care. A complete psychiatric evaluation is warranted only if the mental health screen indicates the need for further assessment.¹¹

If an updated mental health evaluation is warranted, the case planner should make an appropriate referral. If an updated evaluation recommends mental health services, the case planner should work with the young person to implement them. Should there be concerns about a young parent’s care of her child, when contemplating whether to call in a report against the youth or ultimately to file a neglect or abuse case against her, the case planner must carefully assess whether any old or current mental health diagnoses are directly related to the issue of imminent risk to her child.

If a case planner is concerned that a young parent’s refusal or lack of engagement in services puts her child at risk of neglect or abuse, the case planner should seek guidance from a supervisor to determine if the risk is imminent and significant. Because it is important to maintain trust in the casework relationship, the case planner should carefully explain to the youth that all case planners are mandated by law to report suspected neglect or abuse. (*Please refer to **Appendix B on Mandatory Reporting**.*) This may be an ideal opportunity to re-visit the offered services, address safety concerns, and update the youth’s service plan at a conference to which the maternal and paternal family members, a youth advocate, community service providers and people in the young parent’s support network should be invited as appropriate.

10 Mental health services such as counseling, intensive case management and day treatment are available for young mothers with mental health issues.

11 A psychiatric evaluation is not part of routine care for children, and as such, is not part of an annual physical exam (completed by the primary care provider), but rather a specialty service that requires medical justification. Foster care providers should consider updating a psychiatric evaluation without delay if there are significant changes in the young parent’s behavior and/or a new mental health diagnosis is being considered for further assessment.”

CHILD SAFETY CONFERENCES

If a report of suspected neglect or abuse is called in against a young parent, a Child Safety Conference (CSC) can be convened at any time during the investigation. Concerns about a child’s safety should never be minimized. However, a case planner should be mindful that a removal is a drastic measure, particularly when a child is removed from a young person in out of home care, in which case Children’s Services is responsible for the young person’s growth and development as a parent. The CSC is a best practice strategy that is implemented to make safety decisions for children whenever removal or court intervention is being considered. The CSC is a collaborative meeting process designed to produce the optimal decision concerning a child’s safety which provides for the joint contributions of Division of Child Protection (DCP) staff, the young parents, family members, individuals the family chooses to invite for support, and anybody else who can contribute information or resources that will ensure the safety of the child. During a CSC meeting, all participants work together to create a plan for safety tailored to the individual needs of each child and family.

An Initial Child Safety Conference is held:

- When the CPS and supervisor determine that safety concerns are serious enough that a removal or court-ordered supervision may be necessary to keep a child safe.
- Within 24 hours after an emergency removal and before the filing of an Article 10 petition. In these instances the conference must be held first thing on the next working day after removal at the latest.
- To determine whether to accept a request to voluntarily place a child.
- On behalf of a newborn if the parent(s) has a child who is currently in the custody of ACS, and the mother is expecting or has already given birth to another child; if the parent tests positive for an illegal substance during the 3rd trimester of pregnancy or at the time of the child’s birth and there are safety concerns; when there are other indicators that the mother may not be able to care for her child at birth; in fatality cases where there is a surviving sibling.

The CSC model arose from the belief that the well-being of a child is best served by an inclusive collaboration of family, community and Children’s Services, rather than by a unilateral ACS decision-making process. The CSC establishes a forum to share ideas and opinions and to identify accessible, wraparound resources available as immediate supports in a family’s community. A CSC is held either prior to a removal or following an emergency removal and takes place before the initial court hearing. At the CSC, participants work towards reaching a consensus decision that best meets the children’s immediate safety needs (The consensus reached at a CSC may be against legal intervention; instead, the family may be referred for preventive services). A follow-up CSC is held within 20 days of the initial CSC for a review of the action plan developed at the initial conference and for the development of a comprehensive service plan.

Engaging Fathers in Safety Decision-Making

If the father of the child is involved in the child’s life, he should be invited to the Child Safety Conference as a support for the mother and possible resource if the child cannot safely remain with the mother. If the father’s actions are placing the child at risk and CPS is considering filing a petition against the father of the child, then the father must be invited to the CSC. If there are allegations of domestic violence, CPS will schedule separate conferences for the mother and father.

It is important that, in the event of the removal of an infant from his/her young mother, all of the possible resources for the infant be identified, including the infant’s biological father. The father’s family could also be an additional support system.

If a neglect or abuse petition is filed in Family Court concerning the child, ACS is required to serve the father of the child with a copy of the petition, a summons for the next court date, and a notice of pendency. If the child has been removed from the young mother’s custody, the notice shall include the name and address of the agency with whom the child has been temporarily placed and shall advise the parent of the right to request temporary or permanent custody and to seek enforcement of visitation rights with the child.

If the child is removed from the mother and placed in foster care, ACS is required to conduct an investigation to locate the non-respondent parent and any relatives of the child.

Helping a Young Person Identify/Locate His/Her Attorney:

- Ask the young person the name of his/her lawyer.
- If s/he doesn't know or doesn't remember, help locate his/her lawyer by calling The Legal Aid Society's Juvenile Rights Practice or Lawyers For Children (LFC). It is likely that his/her lawyer works at one of these two organizations.
- Contact information for these organizations is in the Appendix. FCLS attorneys also have the current name and contact information for each young person's lawyer and can provide it for a young parent to reach out to his/her attorney, and for the case planner to notify a youth's attorney about conferences.

Notice to Attorneys

Every young person in care has a lawyer assigned to represent him or her. Young parents should be encouraged to contact their attorneys if they have questions about their legal rights or other concerns about their placement or the placement of their children. If a case planner has concerns about a young person's ability to care for their child, the case planner should discuss his or her concerns with a supervisor or manager and schedule an agency conference with the young parent. If the concerns are persistent, the agency should contact the Children's Services Family Court Legal Services (FCLS) attorney assigned to the case, who will contact the young person's attorney as necessary. It is particularly important that the young parent's attorney be notified of a CSC if there is concern that the young

person's child is at "imminent risk" of neglect or abuse. If a CSC is scheduled, the young person should also be encouraged to contact her attorney. Attorneys for children often work with social workers employed by the same organization, and with some notice, they may be able to meet with the young parent to discuss agency concerns and may be able to attend conferences to support the young parent. The young person should be allowed to talk to his/her attorney on the phone or go see them to receive advice and counsel about any decisions to be made.

Independent of the young person contacting his or her attorney, the case planner and the DCP CPS must notify the FCLS attorney of all upcoming CSCs. Contact information for FCLS attorneys is in the Appendix.

If a young parent is already a respondent in a neglect or abuse proceeding and her child is paroled to her, the agency should still follow the same CSC protocol detailed above if safety concerns arise. In these cases, DCP or the provider agency should notify the FCLS attorney, who must notify all of the attorneys already on the case(s).

COURT INTERVENTION

A Child Safety Conference (CSC) may result in the filing of a petition against a young parent alleging that she has neglected and/or abused her child(ren). Because of the serious consequences of such a decision, it is important for CSC participants to understand the variety of outcomes possible for the youth and her child(ren) once a case is filed in Family Court (*Refer to ACS Child Safety Alert #33*). Importantly, CSC participants should be familiar with all of the different placement options available to the Court regarding the child(ren) of a young person in foster care.

Initial Court Proceedings

If, after conducting an investigation and holding a CSC, Children's Services believes that the child of a young parent has been neglected or abused or is at risk of being neglected or abused, Children's Services can file a petition in the Family Court on behalf of the child. The young parent must be advised of her right to a lawyer and given notice of the date, time and location of the initial court hearing.

At the first court appearance, Children's Services can request: (1) that the child be released to the young parent with supervision by Children's Services (commonly known as "parole"); (2) that the child

be removed from the parent and legally placed (“remanded”) by the Court in the care and custody of the Commissioner of Children’s Services and placed in a foster care setting separate from the young parent; (3) that the child be placed in the custody of the Commissioner of Social Services, “remanded”, and reside in the same foster home as the young parent; or (4) that the child be “released” or “paroled” to a relative or other suitable person, including the father, while the case proceeds in Family Court. If the child is remanded and remains in the same home as the young parent, the court may place limits on the young parent’s ability to be alone with the child or to take the child out of the foster home.

Before ordering a “parole” or a “remand,” the court must conduct a hearing to determine whether the child would be in danger if the child were to remain with the young parent, or if services could be put in place to mitigate that danger. The court also must determine whether the agency satisfied its obligation to make “reasonable efforts” to keep the child with his or her mother. If the child is “paroled” to the young parent or to a relative, the court may order Children’s Services to supervise them and make referrals for services which the court will order the young parent to participate in. If the court “paroles” the child to the young parent, it may also do so on the condition that the young parent remain in her foster care placement, which could be either a family setting or a residential care facility. In the event that the child is remanded to ACS and is placed in the same foster home as the young parent, the resource parent would be the resource parent for the child as well as the young parent and would be responsible for the child. If the child is “remanded,” the court will order the young parent to participate in services and the foster care provider agency will be responsible for making referrals.

Emergency Removal of Children

Except in cases of extreme emergency, children cannot be removed or separated from their parents without prior court authorization. This means that in almost all cases, there must be a court hearing before a child can be removed from a parent. However, New York State law does permit temporary emergency measures to be taken when the life or health of a child is in imminent danger and there is not sufficient time to obtain a court order approving the removal of a child.¹² If imminent risk or impending danger is established and an emergency removal is necessary, Children’s Services still must file a petition on the next day that court is in session to request approval for the temporary remand of the child. In addition, when an emergency removal is necessary, Children’s Services will hold an Initial Child Safety Conference before going to court the next day.

If a removal occurs, the Children’s Services DCP CPS handling the removal must always provide the young parent with:

- Information about her right to a lawyer;
- In case of an emergency removal without prior court approval, information about her right to a family court hearing within one business day of the removal to request that her child be returned to her;
- The date, time and location of the initial court hearing;
- Name, title, address and phone number of the person removing the child;
- Name, address and phone number of the agency where the child is placed; and
- Contact information to facilitate visits with her child.

The DCP CPS handling the removal must provide this information in person or, if unable to locate the young parent, the CPS handling the removal must deliver a copy of this information addressed to the young parent and also mail a copy to the young parent at her last known residence within twenty-four hours after the removal. The CPS must make “every reasonable effort” to inform the young parent about where the child is taken after the removal and where the child will be located, including providing the name of the agency and the names and phone numbers of the case planner and supervisor. A

¹² Imminent danger means danger that is not merely possible, but so immediate that removal is needed even before a court order can be obtained. In every instance, the reason for removal must be to provide temporary protection for the child’s life or health.

young parent’s provider agency case planner should also attempt to provide her with this information. Young parents are to be encouraged to attend the Initial Child Safety Conference after an emergency removal, even if a Foster Care Provider Agency has yet to be assigned to the removed child. At the initial court hearing following an emergency removal, Children’s Services may request any of the “parole” or “remand” arrangements for the child as described in “Initial Court Proceedings,” above, for court-authorized removals.

Tips for Facilitating Parent to Parent (P2P)

- Within two business days following a removal, the young parent(s) and resource parents should also be encouraged to share information regarding the child(ren) either over the phone, Skype , etc., and given permission to call each other following the initial visit/contact if there are additional concerns or information that must be shared or asked regarding the child(ren) that cannot wait until the next P2P meeting. Rights of privacy and confidentiality should be respected by the young parent(s), resource parents and case planner.

Transition Following Separation of Young Parent and Child

Following a removal, it is important that the young parent practice shared parenting with the resource parent to help support the child adjusting to foster care as early as possible and to reduce the trauma experienced by the child. To facilitate this shared parenting relationship, an initial Transition Meeting at an agency facility shall take place within two business days of the child’s legal placement into foster care.¹³ At the Transition Meeting, the young parent, the CPS, and the foster care case planner for the child discuss the reasons why the child came into care and start to develop a service plan. Immediately following the Transition Meeting, the young parent and the child’s

resource parent attend the Parent to Parent (P2P) meeting to discuss the child’s needs (*see Tips for Facilitating Parent to Parent (P2P), on this page*).

The P2P meeting creates the foundation for a trusting relationship to develop between the young parent and the resource parent and addresses what the two families, supported by the case planner, community and service providers, can do to ensure that the child has the most positive experience in out of home care. Young parents should be encouraged to share with the resource parent the child’s needs, likes and concerns as they know them, and to bring vital medical/health or school information and accompanying documents, as well as photographs or personal items (favorite toy, blanket, etc.) that will help the child be comfortable in his or her placement setting.

Subsequent P2P meetings must be convened any time there is a change in caseworkers or when a child is moved to a new foster home.

The initial family visit can immediately follow the P2P meeting. In any event, the initial family visit must take place within two business days of the child’s placement to help reduce the trauma of separation and removal. Reasons for and purposes of supervision should be clearly identified.¹⁴ Visits should be unsupervised unless there is a documented reason to support the need for supervision based upon a risk to the child’s physical or emotional safety, or unless there is a court order directing supervised visits.¹⁵ The provider agency case planner should complete an assessment to determine whether the young parent can safely have unsupervised visits. The case planner should consult with the resource parent, day care provider, visit host, etc., to get as complete a picture of the family as possible. If visits must be supervised, they should be arranged to take place in the community to better engage the young parent and his or her child, and additional supports (e.g., visit coaches/visit host) should be considered. Young parents with children in care should not remain in supervised visit mode when there

¹³ *Transition to Foster Care Services*, ACS January 3, 2011 (Revised) Memorandum to Policy 2010/02, dated February 22, 2010. The Transition Meeting, Parent to Parent meeting, and first parent-child visit. will occur within two (2) business days of the child’s legal placement into foster care (via Family Court remand order/signature of voluntary placement agreement/ placement of child into foster care as a destitute child) OR assignment of a foster care agency to the child’s case, whichever events occurs last.

¹⁴ *ASFA Guidelines for Family Visitation*, New York City Administration for Children’s Services, Best Practice Guide, 2000

¹⁵ *Determining the Appropriate Level of Supervision Needed During Visits for Families with Children in Foster Care*, NYC Administration for Children’s Services, policy pending, 2012

is no remaining safety reason to support such supervision and/or monitoring. Every family is unique and its child-parent visit plan must be developed, assessed, and evaluated on an individual basis. Young parents should be consulted before each visit throughout the life of the case. It is vital that young parents whose children have been removed be allowed to visit as frequently as possible.

Exploration of Placement for Children¹⁶

Once a child has been removed, Children’s Services and its provider agencies must place the child in the best possible setting conducive to the child’s emotional, developmental, and physical needs. As described in “Initial Court Proceedings,” above, in many situations a child can be placed in the same foster home as the young parent, even if the child is remanded by the Court to the care and custody of the Commissioner of Children’s Services. This type of placement is ideal because it allows more guidance and support of positive parenting practices on a daily basis, as well as an opportunity for the young parent to continue the bonding process with her child.

If placing the young mother in the same foster home as her child is not appropriate, the DCP CPS and provider agency case planner should talk with her about any resources that she might have in mind for her child. These resources could include family or friends of the young parent and, where appropriate, the child’s other parent. In the event that a resource does not wish to become or is unable to be certified as a foster parent, Children’s Services and the provider agency should consider whether it would be safe and appropriate for the child to be paroled to the resource. Under a parole, the child would not be in the care and custody of the Commissioner of Children’s Services, but would remain under Family Court jurisdiction. In addition, the Family Court could order Children’s Services to supervise the parole by maintaining regular contact and offering services to the resource person and the child. Foster care funding is not available when a child is paroled rather than remanded to foster care.

If the baby has any siblings (or half-siblings) in foster care, Children’s Services and the provider agency also have an obligation to place the child with those siblings if possible and appropriate; otherwise, regular, frequent sibling visits must be provided, also as appropriate.

Voluntary Placements¹⁷

A “voluntary placement” is when a parent willingly transfers legal custody and physical care of her child to the Commissioner of Children’s Services for the purpose of placing her child in foster care. New York State law requires that the social services provider make “reasonable efforts” to eliminate the need for foster care placement before accepting a voluntary placement agreement from any parent. A CSC should be held in response to a request from any parent to voluntarily place a child in foster care in order to determine if the need to place the child can be eliminated by services and support.

State policy discourages voluntary placements by minor parents in particular. Children’s Services and its provider agencies should exercise extreme caution when discussing voluntary placements with young mothers due to the difficulty these youth may face regaining custody. If a voluntary placement agreement is discussed with a young mother, care must be taken to ensure that she understands what the terms of the agreement would be and what her responsibilities would be.

If a voluntary placement is being considered, the provider agency case planner should accompany the young parent to an ACS Borough Office, where the process of assessing the need for and appropriateness of a voluntary placement occurs. A CSC should be conducted, and should include the young parent, birth family members, the case planner, service providers and other supports, as described in as described in the Child Safety Conference Section above. The young parent’s attorney should also be

¹⁶ [Protecting Children of Young People Living in Foster Care](#), **Child Safety Alert # 19** dated January 29, 2007, in the Appendix for an explanation placement options for young parents who are in foster care.

¹⁷ [Minor Parent/Infant Foster Care and Adoption](#), NYS Office of Family and Children Services, Administrative Directive, July 7, 1994. Refer to Appendix- for a discussion of when foster care placement, including voluntary placement, is appropriate for the child of a minor parent in foster care.

invited to the CSC. During the CSC, a careful assessment should be made, and the decision to accept a voluntary placement agreement should be made only if a safety concern is identified that cannot be alleviated by supportive services.

A DCP caseworker, or CPS, must ensure that a young parent has access to a lawyer before she signs a voluntary placement agreement so that the young parent can get proper advice about her legal options and the consequences of signing a voluntary agreement. Every youth in foster care already has a court-appointed lawyer. The CPS should contact the assigned FCLS attorney as soon as the possibility of a voluntary placement is raised so that the FCLS attorney can notify the youth's lawyer that a voluntary placement is being considered. The CPS should document this communication. The CPS should also let the youth know that she has a right to legal representation of her choosing, and can direct her to the list of referrals that can be found in the attached Appendix.

PERMANENCY HEARING AND COURT REPORTS

Youth in foster care should understand that case planners are required to periodically report to the court on the progress and development of both the parent and infant while in foster care. The reports address the services provided to the young parent and the child, the progress of the young parent in services as well as barriers to the provision of services, and the educational and medical needs of the young parent and her child. When writing a permanency or progress report for the court, a case planner should present a balanced account of a young parent's progress, including in the home, in relationships, and at school. For instance, if a young person breaks curfew and that is included in the report, are there ways to demonstrate how the situation was addressed? Are there also positive things that the young parent has been able to do, such as bring her child to medical appointments or bond well with the child? When discussing mental health history, the case planner should ensure that the information included in all reports submitted to the court reflects the most current evaluations and diagnoses for the young or expectant parent. In order to preserve these vulnerable families, case planners should consider the power of their words, both in ways that can be helpful and ways that can hurt the family. FCLS attorneys and case assistants can provide helpful advice and guidance regarding what information is appropriate and helpful to include in a permanency or court report and what should not be included, such as confidential health information.¹⁸ The youth should also be encouraged to attend court and the CPS staff should assist in making arrangements for the youth to attend court hearings

YOUNG PARENTS WHO ARE MISSING FROM CARE

In 2007, Children's Services issued revised procedures that case planners must follow when a young person is missing from care. Under this protocol, a case planner must provide immediate and ongoing efforts to re-engage a child who is "missing from care," which is sometimes referred to as being "AWOL."

The 2007 Children Missing from Foster Care Placement procedure provides guidelines for determining, on a case-by-case basis, whether a young person may be considered missing from care. A young person who is absent from placement without authorization will immediately be considered to be missing from care only if: (1) the youth is not in the location she was expected to be in within the time frame generally expected, AND (2) reasonable efforts (including calling the last person the youth was known to be seen with and seeking out locations where the youth may be found) to locate the young person have proven to be unsuccessful. Other factors that may be considered are the youth's age, the length of the absence, the context of absences (e.g., lateness returning from school, leave or other approved activity, or absconding after curfew), special needs, or any factor that may lead a reasonable person to believe that the youth may be in danger.

¹⁸ Case planners must not disclose specific health information related to a young person's HIV status, sexual activity, sexual orientation or gender identity, or other confidential health information unless it is directly relevant to the safety of the young parent's child.

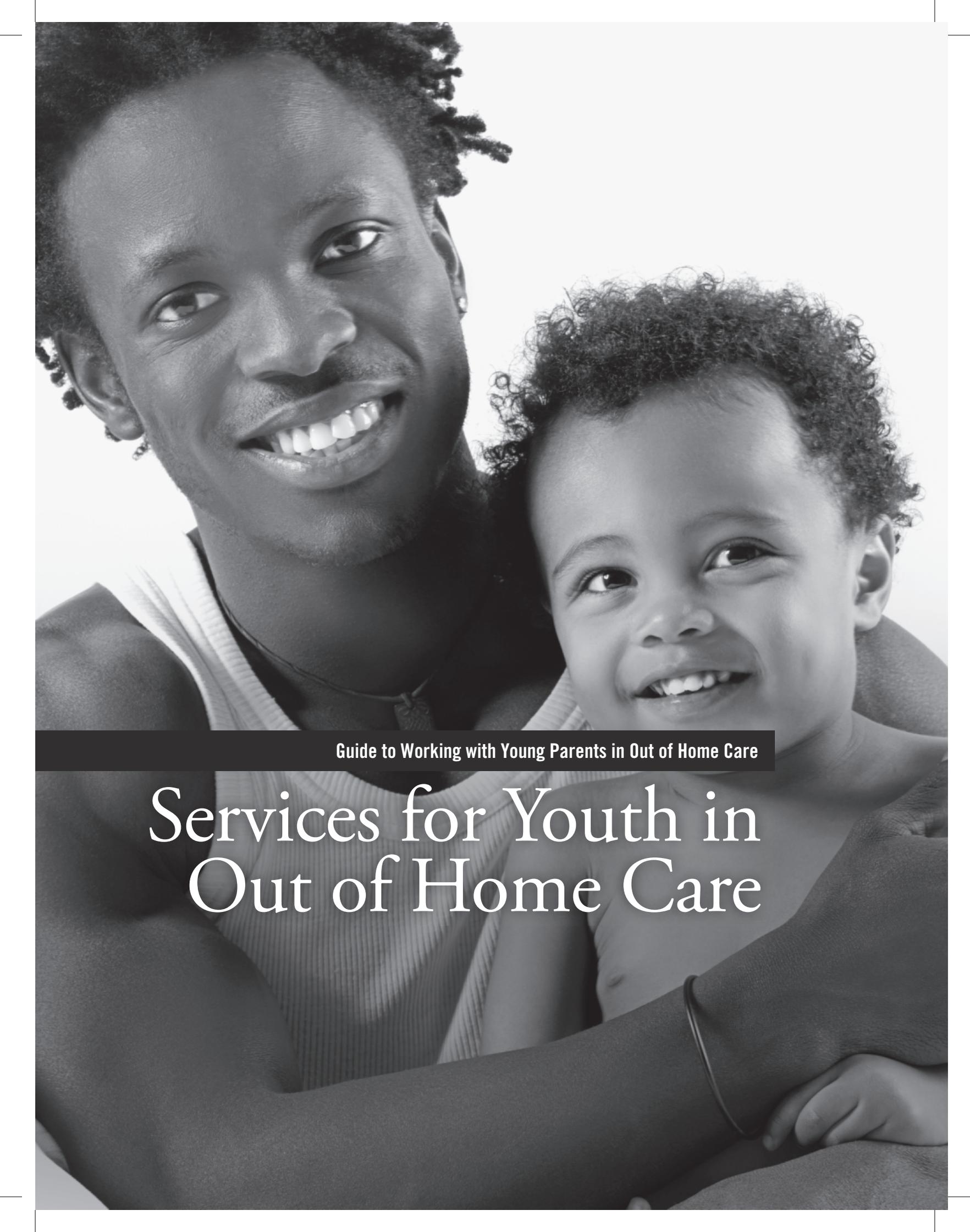
When a young parent goes missing from care, the response that is most protective of the young parent **and** the child is one that considers the purpose of the behavior and the safety of the child.

An SCR call should be made ONLY when the mandated reporter has reason to suspect that the young parent or her child is being neglected or abused, and not simply because they are missing from care or absent from placement. When a young mother goes missing from care without her child, a safety assessment should consider whether the child was left with an appropriate caretaker and provisions, and the duration of the young mother's absence. In either situation, the case planner should attempt to locate the young mother and assess her and her child's safety before calling the SCR. For a young parent who is believed to be routinely missing from care to spend time with supports, such as family or the father of her baby, a safety plan should be developed that includes assessing the safety of her chosen destinations and caretakers and potentially approving these destinations as visiting or placement resources. Safety factors include whether the child's basic needs are being met, whether proper supervision is being provided, and whether the child is receiving appropriate medical care.

If a youth is absent from her expected location and reasonable efforts to locate her have been unsuccessful, a Missing Persons Report should be filed with the New York Police Department immediately. A warrant should be sought and a SCR should be called. There is no waiting period for filing a Missing Persons Report for a person under 21 years of age.

Children's Services policy states that once the youth returns to care, a FTC must be scheduled before the youth is replaced, or within 24 hours of replacement. Refer to the Missing from Foster Care Placement procedure and the FTC protocol for more details about this conference.





Guide to Working with Young Parents in Out of Home Care

Services for Youth in Out of Home Care

Services for Youth in Out of Home Care

Pregnant and parenting young people in foster care have complex and varied needs. Case planners must face the challenge of supporting youths' development as individuals while also developing their skills as young parents. All services should be holistic and culturally-, developmentally-, and age-appropriate. Services should be tailored to adolescent development and teenage parenting. A case planner should work with a young person to identify services and make appropriate referrals immediately following a young person's decision to continue with a pregnancy, bearing in mind the likelihood of waiting lists for services.

PREGNANCY-RELATED SERVICES

Pregnancy is the optimal time for provider agencies to work with adolescent parents to maximize their chances of achieving healthy and confident transitions into parenthood. Services should be specifically geared toward adolescents and, when possible, be located within their communities.

Family Planning and Sexual Health Services

Case planners should ask young people in care about their relationships, look for signs of unsafe relationships and encourage healthy sexual practices. Asking these questions routinely can help to build a trusting relationship with a young person which may encourage her to talk about a pregnancy early.

All young people in care age 12 and older and all children under twelve who are known to be sexually active are to have access to family planning and sexual health services. Within 30 days of placement and every six months thereafter young people in care are to receive comprehensive age-appropriate information about family planning and sexual health issues. Young people must be told orally and in writing how they can access family planning and pregnancy related services and information. All provider agencies are responsible for providing meaningful access to confidential family planning and pregnancy related services and information for children in their care. In addition, case planners must ensure that resource parents do not withhold such information or services from young people living in their homes.

Services can be provided directly and/or through linkages to community-based providers. Sexual health and family planning services include contraception, pap smears, HPV and Hepatitis B immunizations, pregnancy and other laboratory testing services, options counseling, pregnancy termination, education about the prevention of sexually transmitted diseases, and treatment related to STDs and HIV/AIDS. The American College of Obstetrics and Gynecology (ACOG) recommends that young women have their first visit with an obstetrician-gynecologist (OB/GYN) between the ages of 13 and 15 or when they become sexually active, whichever comes first. Young men are to have access to urologists as needed. Expecting and parenting young people are to receive timely and safe services from licensed obstetricians/gynecologists or midwives.

Prenatal Care

Prenatal care is incredibly important for both a young mother and her developing baby. Early and regular prenatal care is one of the best ways to promote a healthy pregnancy. The case planner should ensure that the young woman begins to receive prenatal care as soon as she becomes aware of a young woman's pregnancy so that the young woman has time to establish a trusting relationship with her medical provider. Early prenatal care will increase the likelihood that the mother and child will continue receiving health services after birth. Case planners should make specific referrals for young mothers to receive education and counseling about parenting, including child care and development, and

subsequent pregnancy prevention. Referrals may encompass topics such as nutrition, physical activity, what to expect during the birthing process, reproductive health care following birth and basic skills in caring for a baby. Fathers should be encouraged to participate as often as possible. A good way to ensure both regular prenatal care and healthy parent and child development is to make a referral to a medical home visiting program, discussed below.

Pregnant and parenting youth have the right to choose their own medical and service providers, including deciding whether to receive care from a medical doctor or a midwife. A provider agency must provide referrals and assistance with obtaining medical care even if a youth chooses not to use medical providers located within the agency.

Planning for Childbirth

In addition to medical services, the best way for young parents in foster care to approach their pregnancy, labor, delivery and postpartum period is by becoming knowledgeable in these subject areas. Knowing what to expect will greatly ease any anxieties or fears that young people may experience. Childbirth education classes are one of the best ways to learn about the labor and delivery process.

Case planners should encourage young mothers to plan for their labor and delivery and participate in Lamaze or similar support programs that can support them in having safe deliveries. For a girl in a foster home or other family placement, the father-to-be and the resource parent should also be involved in planning, if possible and appropriate, and be enrolled as a support to the mother-to-be. The case planner should encourage the young woman to involve her birth parents or other family members, as appropriate, to help plan for the arrival of the child. Involvement should occur at the earliest stage possible. The plan should include the environment where the young mother would like the childbirth to take place, who she would like to be present and any pain medications she would like to have administered. The young woman should also be given an opportunity to work with a doula, who provides labor and delivery support, and who may also assist with infant care immediately after birth.

In addition to planning for the birthing process, young parents should be encouraged to take infant care classes during pregnancy. Infant care classes can help young parents to understand what to expect from their newborn and should address topics such as feeding, bathing, and positioning infants on their backs for sleep.

Breastfeeding

Breastfeeding is the best way to meet the nutritional requirements of newborns and to help babies resist disease and allergies. Breastfeeding has been shown to be associated with a decreased risk of sudden infant death syndrome¹⁹ and helps to establish bonds between mothers and their babies. Case planners should supply referrals to organizations that support breastfeeding.

Although breastfeeding is a natural process, it can be very difficult and requires detailed instruction and support before²⁰ and immediately after delivery. Before birth, a case planner should refer a young woman to prenatal services that include education and support regarding breastfeeding, as well as arrange a breastfeeding coach or lactation consultant to work with the young mother before and immediately after the birth. A breast pump will be required for the young woman to return to school or work and continue breastfeeding. Case planners should also provide information about breastfeeding and support to resource parents caring for young mothers and to birth parents if they are involved. Breastfeeding should be encouraged and supported because of its benefits to both mother and baby. However, a young mother's choice not to breastfeed should be accepted and equally supported.

19 In New York City, there is a substantially higher incidence of SIDS among children of African-American and Hispanic parents, and children of mothers under 20 years old are also at greater risk of SIDS. See <http://www.nyc.gov/html/doh/downloads/pdf/ms/ms-sids-0518.pdf>.

20 If a young woman plans to breastfeed, the case planner should request a breast pump from the agency **before** the birth and arrange for instructions and support on the proper use of the breast pump.

Support for Newborns – Safe Sleeping Arrangements

Bed-sharing (sometimes also called co-sleeping) is extremely dangerous, according to national health experts. If an adult or child rolls over on a baby, the baby can be hurt or even suffocated. Sleeping with a child is especially dangerous if caregivers drink, use drugs, are overweight, or sleep on a couch. The risk of injury or death from bedsharing should be discussed with young parents, resource parents and staff. Babies should sleep separately from their parents in a crib or bassinet approved by the American Academy of Pediatrics. The crib or bassinet can be placed nearby the adult bed to facilitate breastfeeding and contact.

It is important that the case planner or residential staff educate the young mother and/or father- to-be on the danger of bedsharing, and to provide him or her with a crib or bassinet for the baby to sleep in **prior** to delivery to avoid the possibility of bedsharing. The New York City Health Department (DOHMH) provides one-on-one safe sleep education and portable cribs to families through a one time visit to new mothers in the Newborn Home Visiting Program serving North and Central Brooklyn, East and Central Harlem and the South Bronx. Youth enrolled in the Nurse-Family Partnership, a nurse home visiting program for low income, first time mothers are also eligible for cribs.

MEDICAL HOME VISITING PROGRAMS

Home visiting programs have recently been promoted for their positive effects on the well being of new mothers and their children.²¹ In the New York City area, young or expecting mothers in foster care should be referred to one of the following programs:

The Nurse Family Partnership (NFP) is for first time mothers only, and Children’s Services currently collaborates with NFP to ensure that every expecting mother in foster care is referred during her first pregnancy. A referral must be made prior to the young person’s 28th week of pregnancy. NFP is an intensive home visiting program that provides services to improve the health and social functioning of first time mothers, beginning during pregnancy and continuing through the child’s second birthday. Case managers are licensed nurses who conduct frequent home visits and teach mothers health-related behaviors in addition to helping them access services.

Healthy Families New York (HFNY) will begin working with a young person in out of home care during pregnancy, or will begin working with the young family up until the baby is 12 weeks old, whether or not the young person is pregnant with her first child. Referrals can be made at any time during the young and/or expectant parent’s pregnancy or shortly after birth. Services will continue until the newborn is in school or Head Start. Using a strengths-based approach, HFNY provides comprehensive home-visiting, ensures connections with medical providers, supports the development of positive parent-child relationships, makes referrals to Early Intervention programs, and helps parents access services in their own communities. Healthy Families New York programs and services are located in all five boroughs.

Visiting Nurse Service of New York (VNS) also provides nurse/health workers to pregnant or parenting youth in foster care. Young people are eligible during pregnancy and after birth. VNS workers assist young people in accessing medical care, early intervention, child care and Head Start, and community services for disabled children.

Early Head Start programs also provide home visiting and other services; see the Early Care and Education Services section of this *Guide* for more information. Additional home visiting and supportive services can be found in the Appendix or by calling 311. Case planners should also assist young parents to have their babies screened for Early Intervention services; such screenings are not required but should be made available.

²¹ Research indicates that these services prevent many health and developmental problems and that young mothers participating in home visiting programs have lower rates of child abuse and neglect and lower rates of subsequent births, particularly among unmarried mothers affected by poverty.

PARENTING SUPPORTS

Parenting Programs

Case planners should encourage young mothers and fathers to participate in parenting programs. The best programs include hands-on sessions with the babies and other children if participants have more than one child. Parenting services should be designed for young parents and focused on parent-child bonding. Parenting services should also help young parents learn ways to balance being an adolescent with being a parent. Additionally, parenting supports for young parents who have experienced foster care should address how young parents' own experiences of abuse or neglect may affect how they will parent their own child(ren), and how increased understanding about their upbringing can result in a better experience for themselves and their children.²²

In addition to encouraging healthy relationships with their children's fathers, case planners should encourage young parents in foster care to establish supports with their peers, extended family members and any other adults with whom they have trusting relationships. Family supports on "both sides" of the child's family should be encouraged.

Mentoring

Mentoring opportunities can be a valuable way to provide additional support to pregnant and parenting youth in foster care. Positive mentor relationships between young parents and adults who have had similar experiences can provide youth with interpersonal and communication skills that they can transfer to other areas of their lives. When choosing a mentoring program, it is crucial that case planners refer young parents to mentoring programs that are designed to accommodate the special needs of young parents and that the programs provide additional ways for youth to develop their personal supports.

There is a limited number of services available throughout the city for both mothers and fathers, including programs with support groups, mentoring opportunities, parenting classes, etc. See Appendix for resources.

COUNSELING AND MENTAL HEALTH SERVICES

Young and expectant parents in foster care have needs that are unique to their circumstances. It is important to recognize that becoming a parent can bring up latent issues about past life experiences, prior to as well as while in foster care, that may have been suppressed. Accordingly, it is good practice to be mindful of the mental health needs/status of young and expectant mothers and fathers in foster care. There are several mental health treatment models that have been successful for working with young or expectant parents in care.

Solution Focused-Brief Therapy (SF-BT) emphasizes empowerment by identifying strengths and family resources already displayed in the young and expectant parents' present lives to help them move forward and build success in the future in doable steps to reinforce competency and achievements.

Trauma-Focused Cognitive Behavior Therapy, a short-term, evidence-based treatment program, can be an effective treatment modality that incorporates trauma-sensitive interventions with cognitive, behavioral, family, and humanistic principles and techniques that have been known to encourage meaningful engagement in treatment for young or expectant parents, many of whom present with histories of sexual abuse, neglect and trauma.

²² *Child Neglect: A Guide for Prevention, Assessment and Intervention, Impact of Neglect*, Children's Bureau Office of Child Abuse and Neglect, Danfilis, D. 2006 (see Appendix for some suggested parent education curricula).

Child Parent Psychotherapy (CPP) is a dyadic, relationship-based treatment for parents and young children that helps restore normal developmental functioning in the wake of violence and trauma by focusing on restoring the attachment relationships that are negatively affected by violence, establishing a sense of safety and trust within the parent-child relationship and addressing the co-constructed meaning of the event or trauma shared by parent and child. Sessions focus on parent-child interactions to support and foster healthy coping, affect regulation, and increased appropriate reciprocity between parent and child. CPP has been shown to improve both maternal and child functioning, as well as to improve the parent-child attachment relationship.

A young or expectant parent can be referred to mental health services that are customized to address his or her needs and teach new skills to help manage and resolve thoughts, feelings, and behaviors related to traumatic life events; enhance safety, personal growth, and parenting skills; and encourage family communication. Treatment models can help build skills and create solutions to their current barriers to safety and allow a young person access to immediate, practical and concrete solutions that focus on the present and future. Trauma-focused treatment programs that engage family members and caregivers are critical to ensuring positive outcomes for young or expectant parents who experience significant emotional and behavioral difficulties related to traumatic life events. Including extended family and/or a care-giving system connected to a young or expectant parent increases the positive effects of treatment intervention and lends support when the young or expectant parent returns to the community. A young or expectant parent with complex, chronic mental health disorders and emotional difficulties, depending on his or her needs, may be referred to a longer-term agency. In these instances trauma-focused cognitive behavior or similar interventions may be amplified and extended as part of a larger treatment plan.

EDUCATION

All New York City students have a right²³ to attend public school until the end of the school year in which they turn 21 or until they receive a high school diploma, whichever comes first. Students are required to attend school through the end of the school year during which they turn 17.²⁴ Pregnant youth have a right to and should be encouraged to stay in their current school throughout the duration of their pregnancy and after the birth and to participate fully in all educational programs and activities while in school. After childbirth, a student has the right to return immediately to her last school or ask for a transfer to her zoned school. The agency educational coordinator or staff representative including the case planner should work closely with school guidance counselors and other pertinent school staff to discuss the educational plans and goals for pregnant and parenting youth. Discussions should include rights and expectations related to pregnant and parenting young people taking time off from school for doctor's visits, birth, or other health reasons related to pregnancy without academic consequences.²⁵ If a youth must miss school for medical reasons, the agency case planner must assist the pregnant or parenting youth with providing the appropriate medical documentation to the school as soon as possible. Developing a mutual understanding about a pregnant or parenting young person's needs and how these needs can best be met is critical to a young person's educational success.

In the event that a pregnant youth cannot attend school due to a high-risk pregnancy, her case planner should work with the school guidance counselor, teachers and school staff to make a request for home instruction.²⁶ A young mother may be eligible for home instruction due to her own medical needs, OR if her child has a medical or emotional disability that prevents the child from using Living for the Young

23 The federal law that prohibits gender discrimination in education (referred to as "Title IX") provides that schools may not discriminate against or exclude a student who is pregnant or parenting.

24 In New York City, the school year begins on July 1st.

25 As long as it's documented and shared with school staff prior to taking the time off or as soon as possible after an absence begins.

26 Documentation requirements and procedures for requesting home instruction can be found in Chancellor's Regulation A-170 (see appendix).

Family through Education (LYFE)²⁷ or other day care services. Because even when it is granted home instruction does not become available immediately, it is important that the agency work with the school guidance counselor, school representatives along with a home school provider to arrange for credit-bearing interim educational supports so the young person does not fall behind in her education and credit accumulation. If home instruction is not granted to a parenting student, then the case planner should work with the school to ensure the student does not fall behind. The student's teachers can put packets of schoolwork together to be sent home, to be completed by the student and returned to the school. The case planner should coordinate this effort with the student and the school.

Young parents should be encouraged to plan for their future in terms of education and employment.²⁸ They should be supported in achieving their long-term educational goals, which should include not only finishing high school, but also entering college and/or career training. If a parenting youth has an Individualized Education Plan (IEP) or should be receiving special education services, additional services and assessments may be required. It is important to ensure that students with disabilities are in appropriate school placements that meet their individual needs.

If a parenting student is struggling in a traditional high school setting even with additional educational supports, the DOE offers a few alternative school programs. These alternative programs include Transfer High Schools (for over-aged, under-credited students), Young Adult Borough Centers (night school for over-aged, under-credited students), Learning to Work programs (job training while working towards a high school diploma or GED), and Vocational Training Programs (such as Cooperative Technology High School, which provides students with in-depth, credentialed training in a particular trade while also enabling them to earn high school diplomas). See **Appendix A** for more information about each of these alternative programs.²⁹ Alternative programs have their own eligibility requirements such as a minimum number of credits completed. If a student wishes to transfer to an alternative program, she should be assisted and supported throughout the process.

Child care services should be discussed prior to childbirth and arranged promptly so that a young mother can return to school as soon as possible after her baby's birth. If other child care has not been put in place³⁰ and a pregnant youth attends a DOE funded program or public school, her child can attend a LYFE child care program, as available. There are 38 DOE LYFE programs located in various high schools across all five boroughs. LYFE provides high quality child care for children who are fully immunized (at the earliest, 8 weeks old) to the end of the school year in which they turn three years old. If a pregnant youth's school does not have a LYFE program, her case planner should assist her in enrolling her child in another LYFE program in her community or in one that is convenient to her. A pregnant youth does not have to attend a particular school in order to receive services from that LYFE program location. Referrals to LYFE programs should be made prior to the child's birth.³¹ Case planners should consider other alternatives if there is a delay in accessing a LYFE program. This would entail working closely with school staff, the expecting or parenting youth, medical and mental health providers and the agency education coordinator to put together the best educational plan that will meet the young parent's educational goals.

27 Home instruction is considered a temporary educational program and is provided no more than two hours per day.

28 Research shows that young parents who go on to post secondary education and job-training have more positive life outcomes for themselves and their children than young parents who do not.

29 The DOE also offers GED preparation in over 80 locations across the five boroughs. The Referral Center for High School Alternatives could help a student and her case planner evaluate the desirability and fit of any of these programs. There is an Academic Intervention Specialist at each Referral Center who is trained to support pregnant and parenting students in education and other service planning.

30 Depending on the young parent's needs, subsidized child care may be preferable to LYFE because LYFE is limited to the school year, during school hours.

31 See the Education section in the appendix for more information about making referrals.

EARLY CARE AND EDUCATION SERVICES

When a young parent is residing in a resource home, the resource parent, case planner and young parent should discuss, before the child is born, what the child care arrangements will be when the young parent is in school, attending appointments, on job interviews and otherwise away from the home without her child. It is important that the expectations and responsibilities of the resource parent and young parent be clearly understood. Many maternity and mother/child residences provide child care services on site. It is important that each young mother be given a clear understanding of the circumstances in which she may leave her child with program staff, and when she is expected to care for her child on her own or make alternative arrangements for child care. Maternity and mother/child residence staff may also refer young families for community-based child care services described below. Whether a young parent resides in a family setting or a maternity and mother/child residence, the young parent should be supported in making decisions about which members of her support network might be appropriate caregivers for her child(ren).

For consistent, long term child care, the City of New York provides child care subsidies and Head Start services to eligible families. Pregnant women and families with very young children may be eligible for Early Head Start. Head Start and Early Head Start are free and children in foster care are categorically eligible. Case planners should assist young parents in accessing early care and education services utilizing the NYC Children's Services Child Care and Head Start Referral Procedure.

Pregnant women and families with infants and toddlers up to age 3 may be eligible for Early Head Start (EHS), a federally funded community-based program designed to promote healthy prenatal outcomes for pregnant women, enhance development of very young children, and promote healthy family functioning. In addition to child care, EHS programs provide an array of services, including home visiting, parenting education, health and mental health services, and adult education and job training. Although ACS does not contract for EHS services, case planners should utilize the Child Care and Head Start Referral Procedure to help a young parent access those programs as well.

For more information about eligibility for early care, what options are available, and making referrals, please refer to **Appendix C—NYC Children's Services Working with Young Parents in Out of Home Care Early Care and Education Services**.

IMPORTANT: Children's Services' procedure for accessing early care and Head Start is undergoing changes. Please check for new procedures in DocuShare or with the ACS Division of Child Care & Head Start.

IMMIGRATION LEGAL SERVICES

Special Immigrant Juvenile Status (SIJS) is an immigration benefit that permits certain undocumented young people to become lawful permanent residents of the United States. To qualify for this benefit, a young parent must: (a) be unmarried; (b) be under 21 when applying to United States Citizenship and Immigration Services (USCIS) for SIJS; (c) have been declared dependent on a juvenile court located in the United States or have been placed in the custody of an agency or department of a State, or an individual or entity by a State or juvenile court. In addition, the juvenile court must determine that (1) reunification of the young parent with one or both of his or her parents is not viable due to abuse, neglect, abandonment or a similar basis found under State law; and (2) it would not be in the best interest of the young parent to be returned to his/her or his/her parent's country of nationality or last habitual residence.

Filing an application for SIJS will alert USCIS to the young parent's unlawful presence in the United States and could lead to deportation. **For this reason, ACS or provider agency staff must never contact USCIS or file an application on behalf of a young parent.** Instead, the case planner should explore whether the young parent may be in need of immigration assistance, and if so, refer the young parent to an immigration legal services provider. A case planner should discuss with a young parent where he or she was born, and whether he or she knows his or her immigration status. The case planner should also obtain a copy of the young parent's birth certificate and social security number. If any of these factors raises questions about the young parent's immigration status, the case planner should immediately make a referral to an immigration legal service provider who will determine whether the young parent may be eligible for SIJS or any other immigration benefit.³²

If an immigration attorney determines that a young parent is eligible for SIJS, it is the provider agency's responsibility to assist the immigration attorney in obtaining documents necessary to complete the immigration application.³³ Once a young or expecting parent obtains lawful permanent residence as a Special Immigrant Juvenile, he or she will be able to obtain a driver's license, work legally, be eligible for certain government jobs, including the armed forces, receive financial aid for college, and access some forms of public benefits, including Public Assistance, Medicaid and food stamps. These benefits will, of course, also help a young parent support his or her own children into the future.

PREPARING A YOUNG PARENT FOR LEAVING FOSTER CARE

Any young person being discharged to another planned, permanent living arrangement (APPLA) must be placed on trial discharge status for six months or until the young person's 21st birthday, whichever comes first. If needed, the trial discharge period can be continued at the discretion of Children's Services as well as the discretion of the Family Court every six months until the young person's 21st birthday, as long as she consents. The Family Court also has the discretion to terminate a trial discharge. Trial discharge is a transition period. While a young parent is on trial discharge, the provider agency continues to be a safety net for her. The agency is required to maintain monthly contact and should allow a young parent to return to care with her child(ren) if she is not able to live independently.

A young parent being trial discharged to APPLA should have housing that is not a shelter and there should be a reasonable expectation that the housing will remain available to her for at least the first 12 months after discharge. In addition, the case planner must ensure that a young parent has health care coverage for herself and her child when she leaves care.³⁴ In preparation for final discharge from foster care, the agency must convene a discharge conference to put a plan in place for the young person's departure from foster care. As discussed more fully below, at that conference, the case planner must give the young person **written notification** of the right to re-enter foster care within two years or before turning 21 years old. If a young parent does not attend the discharge conference, the case planner must mail this notice to the last known address for the young person.

32 If the child has ever been arrested or convicted of any crime, an expert in the complex area of the intersection between immigration law and criminal law should be consulted immediately. Many crimes that are not deemed serious under state law have dire immigration consequences.

33 For a more detailed discussion of SIJS and a list of approved immigration legal services providers, please refer to ACS Guidance 2009/07, Special Immigrant Juvenile Status, issued August 13, 2009.

34 The case planner should also ensure continuity of services for young parents who have Child Care Subsidy or Head Start. Refer to the Working with Young Parents in Out of Home Care Early Care and Education Services Desk Aid.

Housing

Resources are available to assist young parents in transitioning out of foster care to their own housing. These include the process developed by Children’s Services and the New York City Housing Authority (NYCHA) which enables all young people who will be discharged to themselves to receive the highest priority code of N-0 for public housing and Section 8 vouchers (when such vouchers are available). ACS also provides a “one shot” grant for start-up costs associated with acquiring an apartment (exceptions apply) and a recurring monthly subsidy for those youth who have rental leases in their own name, and are renting a market-rate, non-subsidized apartment. (See **Appendix D—Public Housing Resources Desk Aid**). Refer to **ACS Housing Services for APPLA Youth (August 2011)** for more information.

Medicaid

It is critical that a young mother and her children have health care coverage when they leave foster care. While in the care of Children’s Services, young mothers and their children are covered by foster care Medicaid. If a young mother age 18-21 and her child(ren) will not be covered by private insurance upon discharge from foster care (for example, through the young mother’s employment), she and her children will be transitioned to community Medicaid for an initial period of up to 4 months. During these 4 months, Medicaid will review the youth’s and her child’s documentation to determine eligibility for community Medicaid. Youth who will not be residing in the State of New York are not eligible for transitional Medicaid and should apply in the state in which they will reside.

When a young mother who is in care at age 18 leaves care with her child(ren) before turning 21, she will automatically be certified for community Medicaid until she turns 21 (consistent with the federal Chafee Amendment). This means that the young mother will not be required to establish her eligibility for Medicaid—other than continued residence in New York State—until she turns 21. However, her child(ren), whether or not they were placed in foster care, are not automatically eligible for community Medicaid when they transition along with their parent. At the time of discharge, the young mother will need to submit a completed Medicaid renewal form for her child to ACS. HRA, which administers New York City Medicaid, will then evaluate the child’s eligibility based on the mother’s income. If the child is found eligible, the young mother will need to complete annual recertification forms for HRA just for the child. The young mother should receive a recertification package from HRA approximately two months before her child’s coverage renewal date—in other words, approximately 10 months after leaving care, and once each year thereafter. (See **Appendix E—Transitional Medicaid APPLA Tip Sheet**)

Re-entering Foster Care

Young parents who have been trial or final discharged after leaving foster care sometimes find the transition to independence very difficult and may wish to re-enter a foster home or maternity and mother/child residence before they turn 21 years old. There are two mechanisms for youth between 18-20 years to come back into foster care (with or without their children): (1) Trial Discharge or (2) Court-ordered Re-entry.

While s/he is on trial discharge, a young person’s legal “placement in foster care” continues. Therefore, as discussed at the beginning of this section, if a young person is on trial discharge and informs the agency that she wishes to come back into care, the case planner must arrange for an family team conference to determine if immediate foster care setting for the young parent with the child in needed. No court proceedings are needed to place a young adult who is on trial discharge status. The provider agency has the decision-making authority to determine the type of placement to be provided to the young parent and the child.

A young parent who was final discharged from foster care within the past two years may be eligible for court-ordered re-entry into foster care with her child. When a young parent in this situation contacts the foster care agency, the agency is to notify the young parent’s attorney and the FPS Shared Response

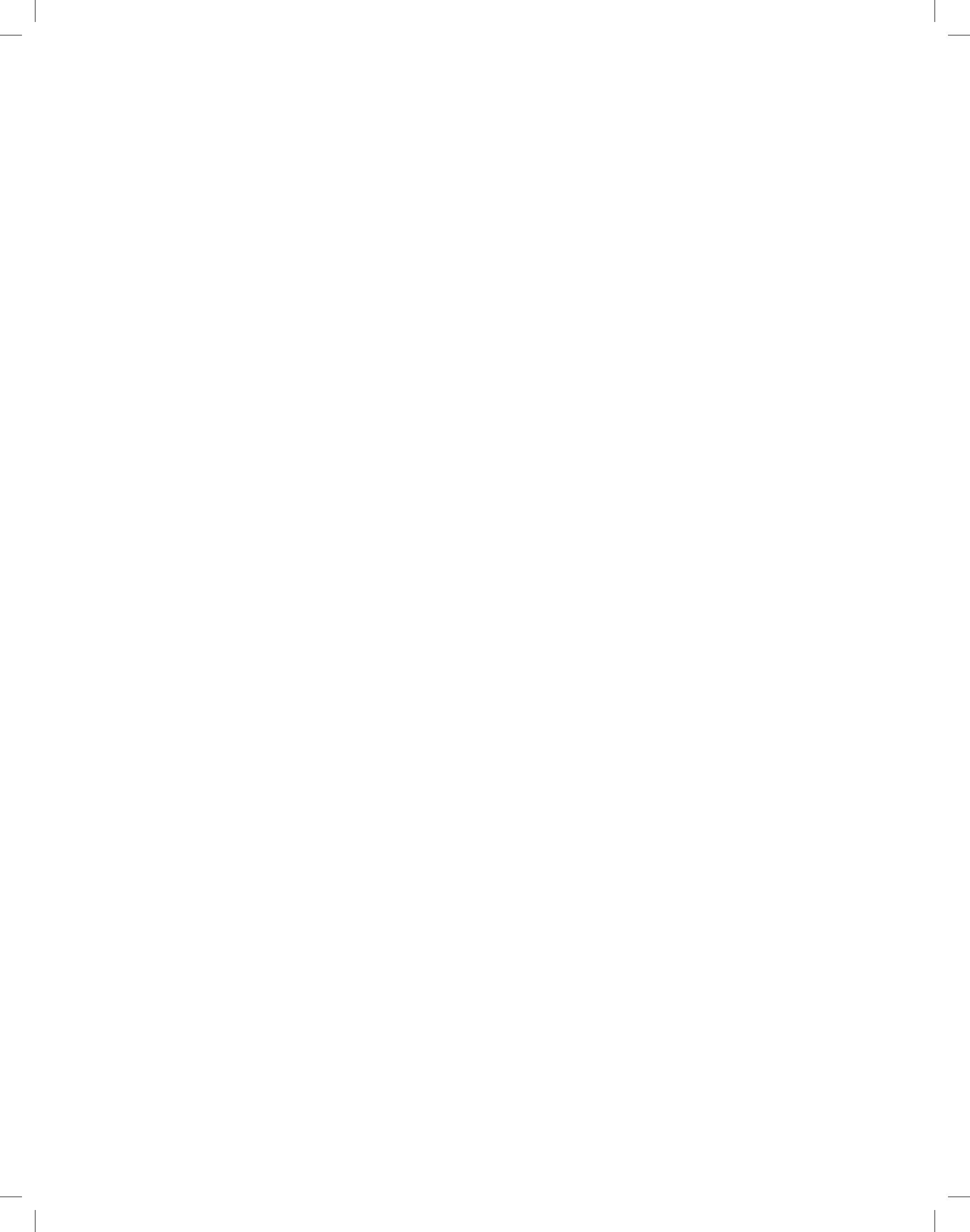
Manager who will convene a social work conference to address the issues that led the young parent to request foster care re-entry. Support people for the young parent should be invited to the conference, including family members, friends, adult resources, mentors, and other resources identified by the young parent, including her attorney and current or former service providers. Additionally, the provider agency is to complete an initial assessment of the young parent's eligibility for re-entering foster care. The young parent must be 18-20 years old; have left foster care after age 18; have been final discharged within the past 24 months; lack a reasonable alternative to foster care; agree to enroll in and attend an educational/vocational program if appropriate; and be seeking a foster care or maternity and mother/child placement. *(Refer to **ACS Re-Entry Policy** for Youth Discharged from Foster Care)*

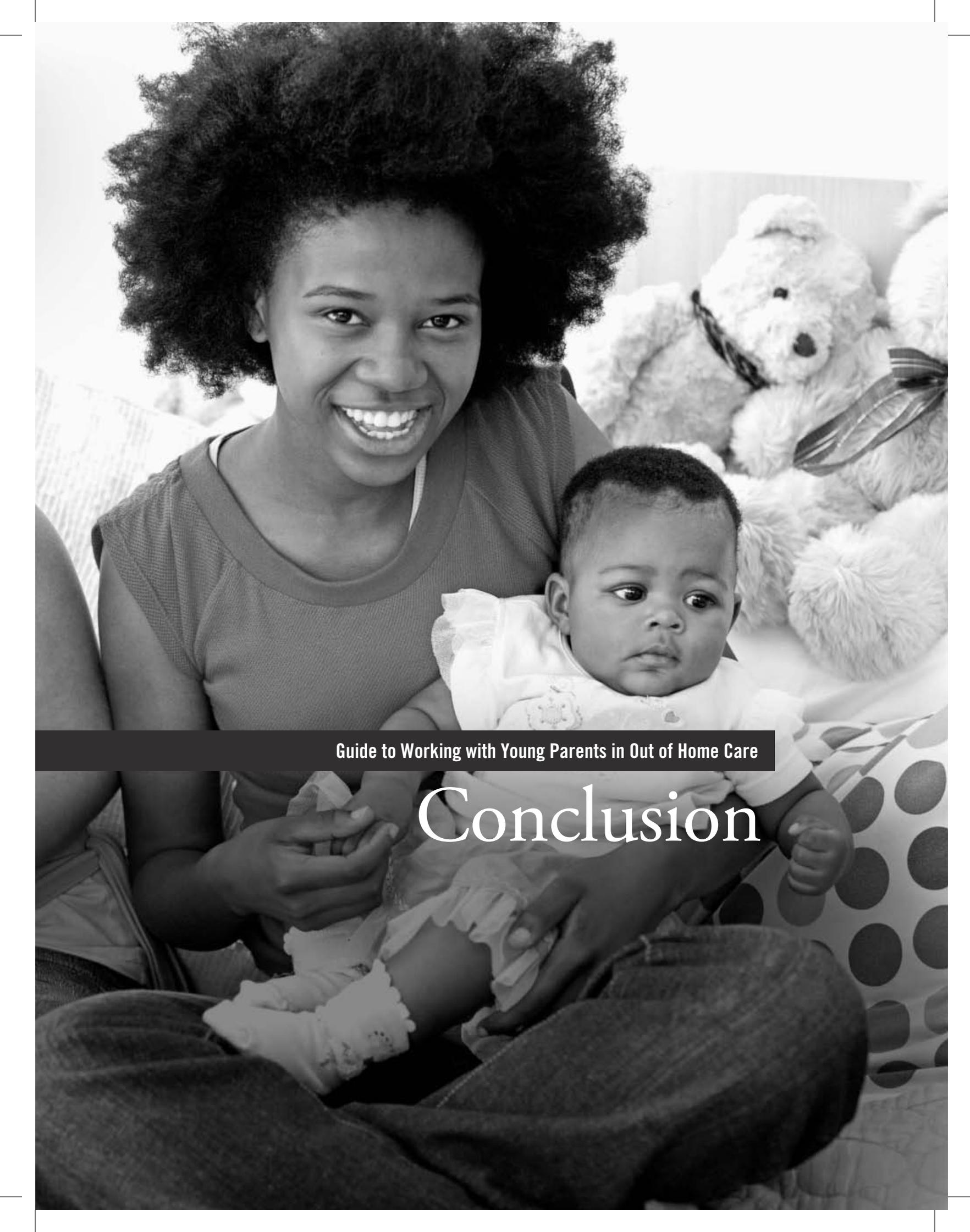
Community Support/After Care and Preventive Services

Case planners can encourage youth to attend services and workshops at different agencies regardless of their foster care agency placement. Attending services and workshops teaches young people about healthy behaviors and accessing concrete services and allows them to meet other young people with similar experiences.

It is important to educate the young parents about respite care, which they can also access after leaving foster care. NY Foundling Crisis Nursery and Prospect Family Support Center (www.familysupportnyc.org) are two resources that young parents should be aware of in case of an emergency where they need immediate child care or respite and have no one to care for their children.

When any young parent is discharged from foster care between the ages of 18 and 21, the case planner must maintain regular contact with that young parent until he or she is 21—even after final discharge. During this time, the case planner can make any necessary referrals to services to ensure that the young parent and child are stable, safe and healthy.





Guide to Working with Young Parents in Out of Home Care

Conclusion

Conclusion

Young parents in foster care require special attention as they move toward adulthood with the added responsibility of raising a family on their own in most cases. It is our intention for this Guide to offer a well-thought-out system of support for young parents, including young fathers, who need opportunities to grow in their role as parents and young adults—to develop their decision-making capacity, social competence, parenting skills, sexual responsibility and social skills, and relationship boundaries; to achieve their educational goals and obtain employment skills; and to possess a set of values and philosophy about life that will guide their future choices concerning themselves and their families. The information presented in this Guide should be used as a reference and a roadmap in helping pregnant and parenting young people in foster care to achieve positive outcomes for themselves and for their children.



Guide to Working with Young Parents in Out of Home Care

Appendices

Appendix A—Resources

Comprehensive Listing of Resources for Expecting and Parenting Young People in Care:
 Hunter College School of Social Work (resources, policies and training):
http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/pregnant-and-parenting-teens.html

ADOLESCENT REPRODUCTIVE HEALTH SERVICES

Adolescent and Young Adult Health Program

Bronx Care at Third Ave—
 Bronx Lebanon Hospital Center,
 2737 3rd Ave., Bronx NY 10451

Call: 718-838-1016

Hours: 12pm-1pm for walk-in.
 Monday, Wednesday, and Thursday 9-5;
 Tuesday 9-7, and Friday 9-2.

Walk-in services are available for pregnancy tests (no walk-in prenatal care). Confidential and reproductive health care provided. No pelvic exam is required to obtain birth control. Insurance billed for all services. Medicaid accepted. Services also include Healthy Eating workshop, Lamaze Education, Baby Basics, PPD Groups, Parenting Journey, and Censoring Pregnancy Workshops.

Bellevue Hospital— Child and Teen Health Services

462 First Ave.,
 New York NY 10016

Call: 212-562-4141 or 212-562-1000

Adolescents ages 12-18 can receive medical and/or counseling services without parental consent. The Perinatal Diagnostic Center provides the latest medical technology, and the high-risk obstetrical clinics assure mothers and babies comprehensive primary, obstetrical and gynecological care. Obstetrical services include midwifery-based birthing for low-risk mothers to a high-risk obstetrical area equipped to handle extremely complicated cases. Programs for young mothers are available.

Children’s Aid Society

1515 Southern Blvd.,
 Bronx NY 10460

Call: 718-860-8595 or 718-589-3400
 or Kelly Kirby: **212-369-8339**

Call to schedule an appointment or just walk in during the dedicated teen hours listed below:

Hours: Tuesday 1:30-5:00pm,
 Wednesday 1:30-6:00pm,
 Thursday 1:30-5:00pm, Friday 1:30-6:00pm

Complete physical exams for males and females (including gynecological exams), care of illnesses, pregnancy testing, emergency contraception (Plan B or Morning After Pill), birth control education and on-site provision of birth control methods, pregnancy options counseling, STI screening and treatment, HIV testing and risk reduction counseling, dental care (some charges may apply). No pelvic exam is required to obtain birth control. Medical and social service referrals are available.

The Door

555 Broome St.,
 New York NY 10013

Call: 212-453-0222

Hours: Monday 12pm-7: 15pm,
 Tuesday 2pm-7: 15pm, Wednesday 12pm-7:
 15pm, Thursday 12pm-6:45pm,
 Friday 11am-6:45pm, Saturday 12pm-4pm

Walk-ins welcome. No forms or paperwork. The Door offers young people ages 12-21 comprehensive educational, health, nutritional and counseling programs, as well as legal services for young people in need of civil legal representation.

Lincoln Hospital Teen Clinic

234 East 149th Street,
Bronx, NY, 10451

Teen services located on the hospital's first floor.

Call: 866-ZIP-TEEN

Hours: Monday- Friday 9am-3pm.
No appointment necessary.

Confidential teen health services same day. Adolescents can receive services without parental consent, including STI and HIV testing, contraceptive care and counseling. Emergency contraception and pregnancy tests are available. No pelvic exam is required to obtain birth control. Family planning and pregnancy options provided (Abortions, etc.). For persons under 18 no insurance required and a bill will not be mailed to your home.

Mount Sinai Adolescent Health Center

312 East 94th St. between 1st and 2nd Avenue,
New York NY 10128

Call: 212-423-3000

Hours: Walk-ins 8am-6pm, Thursday opens at 12pm.
Walk-ins accepted, by appointment preferred

No pelvic exam is required to obtain birth control. Comprehensive medical and mental health care is available. Family planning and health education is available. Parenting classes offered.

Northern Manhattan Perinatal Partnerships

127 West 127th St.,
New York NY 10027, 3rd Floor

Call: 212-665-2600 or 212-665-1842

Hours: 9am-5pm. Walk-ins welcome.
No appointment necessary.

Services include: “Holla Back”—pregnancy prevention group for teens. Comprehensive prenatal-perinatal Services Network. Must have a child under 2 or be pregnant.

Sisterlink HIV prevention: www.sisterlink.com.
“Club Mom” is a support group for teen mothers to receive health services. For persons under 18, no insurance is necessary. Someone on staff is available to help with application for Medicaid.

Planned Parenthood**Bronx Center**

349 East 149th St., Bronx NY 10451

Call: 212-965-7000 or 800-230-PLAN

Walk in services: Free pregnancy tests by walk in or appointment

Hours: Tuesday to Friday 12:30pm-4:30pm and on Saturday 12:30pm-4:00pm

Regular hours: Tuesday, Wednesday, Friday, & Saturday 10:00am-4:00pm.
Thursday 10:00am-6:30pm.

Family planning and pregnancy options (Abortions, etc.) provided. No Insurance needed. Pregnancy options for persons under age 18 by appointment. All other services do not require an appointment. Emergency contraception for a fee required for persons over 18. No pelvic exam is required to obtain birth control.

Margaret Sanger Center

26 Bleecker St.,
New York NY 10012

Call: 212-965-7000 or 800-230-PLAN

Hours: Monday 9:00am-4:00pm, Tuesday-Saturday 11:00am-4:00pm (but not on the first Tuesday of the month after 1:30 pm).

Free pregnancy tests are available by walk in or appointment. All other services require an appointment. If you are under 18 dispensing emergency contraception requires an appointment. Emergency contraception for purchase if age 18 or over.

Boro Hall Center

44 Court St., 6th Floor,
Brooklyn NY 11201

Call: 212-965-7000 or 800-230-PLAN

Walk in services: Free pregnancy tests by walk-in or appointment

Hours: Monday-Friday 12:30pm-4:00pm.
Emergency contraception for sale if aged 18 or over on Monday-Saturday 10:am- 4:00pm.

Family planning and pregnancy options provided. Pregnancy options for persons under age 18 by appointment only. All other services do not require an appointment. No pelvic exam is required to obtain birth control.

Woodhull Medical and Mental Health Center—Adolescent Clinic

760 Broadway, Rm. 2C 220,
Brooklyn NY 11206

Call: 718-388-5889

A member of the North Brooklyn Health Network the Women’s Health Initiative Program makes available extensive obstetrical and gynecological services, including free walk-in pregnancy testing, family planning and pre- and post-natal care. Woodhull is particularly concerned with reaching vulnerable populations, such as adolescents and high-risk pregnant mothers. Pregnancy options provided.

Young Men’s Clinic Family Planning Center

21 Audubon Ave., First Floor,
New York NY 10032.

Clinic located between 166th and 167th streets (at New York Presbyterian Hospital).

Call 212-342-3232

Hours: Women can come in without an appointment Monday-Thursday 8-10am

The clinic only sees men on Monday evenings from 4-6pm and on Fridays from 8:30am-3pm and is closed Saturday and Sunday. Walk-ins welcome.

Additional Resources:

Information for other clinic locations throughout New York City can be obtained by calling 311. Information regarding emergency contraception can be obtained by calling the Emergency Contraception Hotline at **888-NOT-2-LATE (888-668-2528)**.

For additional NYC Department of Health and Mental Hygiene sites for reproductive health services: **800-261-4649** or <http://www.nyc.gov/html/doh/html/home.shtml>

Spence-Chapin Options Counseling Hotline (local): 800-321-5683

Backline: 888-493-0092 or www.yourbackline.org

National Abortion Federation (for specific questions about abortions): **800-772-9100** or www.prochoice.org

Exhale (for post abortion counseling): **866-4-EXHALE** or www.4exhale.org/

PREGNANCY SERVICES

Below are just a few known to provide the best services to women with high-risk pregnancies, along with a few organizations that provide pregnancy support services.

The Brooklyn Young Mothers’ Collective

388 Atlantic Avenue,
Brooklyn NY 11217

Call: 718-596-7074

Hours: Monday-Friday 10:30am-6:00pm

Call to make an appointment to come in for initial intake.

Provides young mothers with education advocacy, social services support and leadership development activities. Reproductive and sexual health education, leadership training, education advocacy, childbirth education and doula support (assists expecting parents in gathering information about their pregnancy, labor and the options available for delivery) are available.

Elmhurst Hospital Women, Infant and Children Program

78-05 41st Avenue, 1st floor,
Elmhurst NY 11373

79-01 Broadway,
Elmhurst NY 11373

Call: 718-334-4000 or 718-334-3265

Child Birth Classes Available

Call: 718-334-5306

“Morning After Pill” Available
Prenatal Assistance Program Available

**Jacobi Medical Center—
Women’s Health Center
Prenatal Care Assistance Program**

1400 Pelham Parkway South,
Bronx NY

Call: 718-918-5429

Hours: Walk in only for pregnancy test 8am-4pm Monday-Friday. For other services an appointment is needed. Special teen clinic held on Tuesday afternoons. Program provides services for 13+ expecting and parenting young people. Comprehensive prenatal care services for all women including a special program for pregnant adolescents. Educational program includes 10 different classes just for pregnant teens. Nutritionists, dental care, social workers and financial counselors are available. Confidentiality policy if patients want to come in confidentially. They will be given an ID number to maintain anonymity. Financial counseling and assistance with Medicaid application and other options are available if person does not have health insurance. Lactation specialists available at Ellenwalk@nbhn.net

**New York Presbyterian Hospital
Healthy Baby Program**

Call: 212-297-5557

Helps pregnant women enroll in early prenatal care programs; provides support and assistance to women with high-risk pregnancies.

Northern Manhattan Perinatal Partnerships

127 West 127th St., 3rd Floor
New York NY 10027

Call: 212-665-2600 or 212-665-1842

Hours: 9am-5pm. No appointment necessary. Walk-ins welcome.

Sisterlink HIV prevention: www.sisterlink.com. “Club Mom” is a support group for teen mothers to receive health services. No Insurance necessary. Someone on staff is available to help with application for Medicaid.

**Teenage Services Act Program
(TASA)- FORESTDALE**

Contact: 718-263-0740 ext 306

Located in North Queens TASA supports teens who are pregnant and or are already parents who want to prevent an unplanned pregnancy. Provide case management support including making home visits, prenatal classes, family planning, parenting and job skills training.

BREASTFEEDING SERVICES

Breastfeedingpartners.org

Contact the Growing Up Healthy Hotline at 800-522-5006 to set up an appointment.

Email info@breastfeedingpartners.org with questions re: breastfeeding support programs

Provides education and peer counselors to breastfeeding parents enrolled in WIC program. Clients qualify if they are: pregnant, a breastfeeding mother (up to 12 months post partum), a post partum woman (up to 6 months), an infant (birth to 12 months), a child under the age of 5, have a nutritional need (WIC can help you determine this), income eligible (household income at or below 185% of the federal poverty level), living in a state where you receive WIC benefits. Clients will be asked to bring proof of residency, proof of income, identification, medical documentation, and their infant or child to their first appointment.

**Elmhurst Hospital Center—
breastfeeding classes**

Contact Breastfeeding Coordinator at 718-334-5029

Classes are held on Mondays, 9:15 am—11:45 am, in Auditorium C-6, which is located on the 6th Floor of the Main Building at Elmhurst Hospital Center. Participants will learn about the benefits of breastfeeding and how to recognize and prevent common breastfeeding problems, as well as enhance and prolong your breastfeeding experience. Special situations such as illness and premature birth will also be addressed.

**Jacobi Medical Center—
Women’s Health Center**

1400 Pelham Parkway South, Bronx NY

Call: 718-918-5429

Special teen clinic held on Tuesday afternoons that provides services for 13+ young mothers. Lactation specialists available Ellen.walk@nbhn.net For more information see Pregnancy Services section, above.

La Leche League

Call: 877-4-LALECHE

Available in all 5 boroughs the program provides breastfeeding education, support and encouragement to young mothers. Monthly support groups, leaders available for individual assistance, provide training to agency staff, peer counseling and mother-to-mother support groups.

www.llli.org

New York City Breastfeeding Alliance

The New York City Breastfeeding Alliance is committed to eliminating breastfeeding disparities among middle to lower income women. Work towards empowering women, providing encouragement, support and access to lactation specialists with up-to-date breastfeeding information

Call: 646-229-7029 or Contact P.O. Box 579, New York, New York, 10030

www.nycbainc.org

**Queens Hospital Center—
Breastfeeding Support Group**

82-68 164th Street,
Queens 11432

Contact Annabelle White at 718-883-3502
beeper # 99116

www.hhc.gov—select Queens Hospital Center

There is no fee. The Breastfeeding Support Group meets every Friday, 9:00 am—12:00 noon.

Breastfeeding mothers and their babies should attend; family members and anyone else interested in learning about breastfeeding are also welcome.

To locate additional pregnancy, childbirth and breastfeeding resources, contact 311 or the Department of Health and Mental Hygiene’s Women’s Health Hotline at 212-720-7131

**WOMEN, INFANT AND CHILDREN
PROGRAM (WIC)**

WIC Hotline 800-522-5006

WIC provides Federal grants to States for supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

For information about WIC visit

www.health.state.ny.us/prevention/nutrition/wic/

SUPPORT SERVICES AND ASSISTANCE

**Big Brothers Big Sisters Young Mothers
Mentoring Program**

223 East 30th Street,
New York, NY 10016 (main office)

Call: 212-686-2042 x. 222 or **718-742-7301**

Match female mentors with pregnant teens or teenage mothers. Program managers are available to refer participants to critical parenting-related services to address immediate financial, nutritional, childcare, housing, health care, and educational needs. Participants’ babies and other family members also receive a range of supportive services.

The Brooklyn Young Mothers’ Collective

388 Atlantic Avenue,
Brooklyn NY 11217

Call: 718-596-7074

Hours: Monday-Friday 10:30am-6:00pm

Call to make an appointment to come in for initial intake.

Provides young mothers with education advocacy, social services support and leadership development activities. Reproductive and sexual health education, leadership training, education advocacy, childbirth education and ‘doula’ support (assists expecting parents in gathering information about their pregnancy, labor and the options available for delivery) are available.

Bushwick Teen Mothers Project**Call: 212-674-1740**

Programs are offered at the Community Center at 80 Pitt Street, our Beacon Center, and several area high schools. Helps pregnant girls and teen mothers stay in school, make responsible and informed decisions, and establish long-range goals. Helps with accessing health and social services and provides parenting and child development training.

**Children’s Aid Society—
The Next Generation Center**1522 Southern Blvd.,
Bronx NY 10460**Call: 718-589-4441****Hours:** Open Monday to Friday, 10am to 8pm.

The Next Generation Center (NGC) is a one-stop center designed to meet the needs of young people transitioning to adulthood and self-sufficiency. The mission of NGC is to provide support, guidance, training and opportunities to young people, ages 14 to 24, in the Bronx — with a special focus on youth in foster care and those who have aged out of foster care.

Services: youth leadership and life skills training, technology instruction, job readiness & job development services, educational guidance & tutoring, legal advocacy, housing assistance, creative and visual arts, and recreation.

The Door555 Broome St.,
New York NY 10013**Call: 212-453-0222 or 212-941-9090**www.door.org/

Hours: Monday 12pm-7:15pm,
Tuesday 2pm-7:15pm, Wednesday 12pm-7:15pm,
Thursday 12pm-6:45pm, Friday 11am-6:45pm,
Saturday 12pm-4pm

Walk-ins welcome. No forms or paperwork.

The Door offers young people ages 12-21 comprehensive educational, health, nutritional and counseling programs, as well as legal services for young people in need of civil legal representation.

Edwin Gould Multi-Service Center55 East 110th St.,
New York NY**Call: 212-828-2173**

EGA's Multi-Service Center provides emotional, educational, health, employment, and cultural services needed by young people who have at some time in their lives been part of either the foster care or the juvenile justice system. Programs and services provided by EGA include: case management, individual counseling, peer support groups, life skills training, tenant counseling, career counseling, employment and job training referrals, parenting skills training/workshops, child care referrals, pregnancy prevention counseling, continuing education programs, tutoring and mentoring, medical and mental health referrals, substance abuse counseling and referrals, family reunification, including children of single parents uniting with absent parent, legal assistance, emergency food, clothing, medical, and rent funds, clinical services.

Episcopal Social Services**Mommy and Me Support Group (Bronx)**

Paul's House, ESS' early childhood center in the Mott Haven section of the South Bronx

Call: 718-401-5197

Free 10-week program offers a time and place for parents (daddies are welcome, too) and their children ages one to 2 1/2 to socialize and have fun. The program is designed to encourage parents to interact and bond with their young children.

Harlem Children’s Zone: ‘The Baby College’2491 8th Ave/Frederick Douglas Blvd,
New York, New York 10030**Call: 212-665-9832 or 212-360-3255**

(HCZ main #)

www.hcz.org

A holistic system of education, social service, and community building programs aimed at helping the children and families in a 97 block area of Central Harlem, The Baby College offers a free nine-week parenting program for expectant parents and parents with children up to three years old. The program includes free breakfast & lunch, a baby-shower for expectant mothers and on-site child care for program participants. Expectant parents/new parents must live in the Harlem Area (Lexington/8th Avenues btw W116-W145th) to attend the program.

Inwood House Bronx Teen Family Services Center

522 Courtlandt Ave,
Bronx, NY 10451

Call: 718-742-8100

www.inwoodhouse.org

The Teen Family Services Center provides family day care services to pregnant and parenting teens, school and community-based prevention programs, and supportive counseling and case management programs for young people who have transitioned out of Inwood House's residential programs.

Mount Sinai Adolescent Health Center

312 East 94th St.,
New York NY 10128

Call: 212-423-3000 to make an appointment.

Teen parenting program for mothers and fathers that includes young mother support group. Confidential comprehensive medical, mental health, family planning, and health education services to young people ages 10-22.

New York Foundling Bronx Teen Parenting Program

1029 E 163rd St # 3,
Bronx, NY 10459-4345

Call: 718-772-0125 or 718-378-4857

Referrals can be made by calling the numbers above. Walk-ins are also accepted.

Help teenage parents and expectant parents between the ages of 13 and 24 acquire the skills and resources they need to care for themselves and their children. Individual and family counseling, crisis intervention, referrals to day care so mothers can pursue their education and employment, casework advocacy, referrals and advocacy around housing, public assistance, homemaking and other entitlements, practical support, such as transportation, emergency cash and goods, direct services such as a teen parenting group, counseling and GED training, housing subsidies, referrals to resources in their communities.

New York Foundling Crisis Nursery

590 Avenues of the Americas,
New York, NY, 10011

Call: 888-435-7553

NY Foundling is a social service agency that helps children, youth and adults in need through advocacy and through preventive and in-care services that help each individual reach his or her potential. The Crisis Center/Nursery provides a safe haven until the crisis passes, the urgent need for protection is stabilized, underlying parental problems are identified, and necessary support services are put in place. Services include: Respite care, referrals for counseling and care, a 24-Hour Family Crisis Hot-Line, and follow-up services provided by The Foundling.

Prospect Family Support Center

730 Kelly Street,
Bronx, NY 10455

Call: 24-Hour Hotline: 212-222-KIDS

Respite Services: In the event of a crisis, PFSC provides care for children ages 0–6. The Center is a nurturing, friendly environment where parents may leave children in the care of trained childcare providers for up to 72 hours. PFSC's experienced staff will address any and all issues contributing to a family crisis, and connect clients with the resources they need to stabilize their situation. After families leave the Center, PFSC staff will conduct ongoing home visits to ensure that parents and children are safe and stable. Staff will also follow-up with the other agencies working to resolve each client's crisis. PFSC hosts peer support groups for its clients, offering parents a chance to share their experiences and develop networks of support within their communities. PFSC offers free, regular workshops to help clients improve their parenting skills. Service Referrals: In order to address each family's specific needs, PFSC provides its clients with referrals to a wide range of agencies. These include physical and mental health services, education services, and employment services for parents.

SCO Baby & Me

Call: (718) 640-1749 (Brooklyn) and (718) 426-7660 (Corona, Queens).

Originally developed to improve the quality and quantity of visits between parents and children. Through the creative use of developmental playgroups, Baby & Me promotes the nurturing attachments between parents and young children. SCO has also begun to use Baby & Me in a preventive model for at-risk families. The playgroups not only help to develop parenting skills, they help to forge connections between families from similar neighborhoods with the same-aged children. These supportive networks allow families to connect to one another to reduce parental isolation—a critical factor in child abuse and neglect.

TEEN FATHER SERVICES**Families and Work Institute—Fatherhood Project**

330 Seventh Ave., Ste. 1906,
New York NY 10001

Call: 212-465-2044

www.fatherhoodproject.org or
www.fatherfamilylinks.gse.upenn.edu

Forestdale Fathering Initiative

Call: 718-263-0740 x238 (Scott Leach)

www.forestdaleinc.org/programs/fatheringinitiative.html

Rap Sessions and peer support group for dads, parent education classes and fatherhood workshops, counseling and crisis intervention, information and referral services, case management, and computer access for employment search. The program is open to all fathers from all ethnic, cultural and economic backgrounds. Services only available in Queens, New York

Inwood House—Fathers Count Teen Family Learning Center (TFLC)

320 East 82nd Street,
New York, NY 10028

Call: 212-861-4400

The Fathers Count program work with fathers who are co-parenting with teen parents served by Inwood House, helping to prepare and support them in taking on the responsibilities involved with being a father and in learning to serve as positive role models for their children. Young men receive individual and group counseling and case management focused on completing their educational and vocational goals, teaching and enhancing parenting skills and knowledge of child development, and improving relationships, including familial relationships, romantic partnerships, and co-parenting relationships. The program is based out of our TFLC, but is available to young men residing in all boroughs.

Kingsbridge Heights Community Center Fathers Group

3101 Kingsbridge Terrace,
Bronx NY 10458

Call: 718-884-0700 Ext 159

The fatherhood program at Kingsbridge includes classes on anger management, job and legal counseling, and parental communication skills.

LIFT

350 Broadway, Room 400,
New York NY

Call: 212-343-1122 (Choose Option #1) Contact: Michelle Cummings, SW/Group Coordinator

Free Father's Support Group especially for fathers with Family Court experiences. Pizza served, Metrocards provided

www.Liftonline.org

**Loisaida Inc.—
Parental Awareness Prevents Abandonment**

710 East 9th St., 4th Floor,
New York NY 10009

Call: 212-353-0272

Program Coordinator—Michael Caraballo

A program to help insure that young fathers stay involved in the lives of their children. Through individual and group counseling, participants develop parenting, communication and problem solving skills. Additionally, clients receive services that help them resolve issues of education, employment, family court and other legal matters.

<http://www.loisaidainc.org>

Mt. Sinai Young Fathers Meeting

Mount Sinai Medical Center,
1176 5th Ave (between 98th and 99th Streets),
Klingenstein Pavilion,
E-Level Conference Room

Call: Andrea Rothenberg—212-241-6831

Meets every Wednesday from 4:30PM- 6:00PM

Walk-ins welcome. New Fathers or fathers-to-be aged 30 years old or younger are eligible. Metrocards provided.

www.gethealthyharlem.org/events/young-fathers-and-father-be-group

**Coalition for Hispanic Families:
Papas de Bushwick**

315 Wyckoff Avenue,
Brooklyn, NY 11237

718-497-6090 (Main # for CHF)

www.hispanicfamilyservicesny.org/papasdebushwick.htm

If father is: Spanish speaking, 16 years old or older, an expectant father, a father who lives with his children, a father with children in foster care, a father who lives apart from his children but has a relationship with them, or a father who has no relationship with his children; services are available. Offers case management, parenting classes, counseling, mentoring, and father support groups. Services are free.

Planned Parenthood Men’s Health Services

Male support groups and support workshops.
Walk-Ins Welcome

Call: 800-669-1056 or 212-465-2044

Locations:

Bronx | The Bronx Center

349 E 149th Street, 2nd Floor
212-274-7208

Brooklyn | Boro Hall Center

44 Court Street 6th Floor
212-274-7208

Manhattan | Margaret Sanger Center

26 Bleecker Street
212-274-7208

**Strive, Paternity Optimizes Potential
Success (POPS)**

240 East 123rd St., 3rd Floor
New York NY

Call: 212-360-1100

Offer a four (4)-week employment training program geared toward fathers. Goal is to strengthen bonds between fathers and their children while giving them the parenting and employment skills to care for their families.

Youth at Risk Fatherhood Program

Call: 212-791-4927

Services are available in all 5 boroughs.

MENTORING PROGRAMS

**Big Brothers Big Sisters Young Mothers
Mentoring Program**

223 East 30th Street,
New York NY 10016 (main office)

**Call: Diane Berninger, Associate Program Manager
at 212-686-2042, x. 222 or 718-742-7301**

Match female mentors with pregnant teens or teenage mothers who could benefit from an additional source of support and are open to a new friendship. For more information, see Support Services and Assistance section, above.

MENTAL HEALTH SERVICES

The Door

555 Broome St.,
New York NY 10013

Call: 212-453-0222

Hours: Monday 12pm-7:15pm, Tuesday 2pm-7:15pm, Wednesday 12pm-7:15pm, Thursday 12pm-6:45pm, Friday 11am-6:45pm, Saturday 12pm-4pm

Walk-ins welcome. No forms or paperwork.

The Door offers young people ages 12-21 comprehensive educational, health, nutritional and counseling programs, as well as legal services for young people in need of civil legal representation.

Full Circle Health, PLLC

2429 East Tremont Avenue
Bronx New York

Call: 718-518-7600 or 800-518-FULL
or email fullcirclehealth@aol.com

Hours: Mon thru Fri 9:30am to 6:30pm; Sat 9:30am to 3:30pm

Full Circle's multidisciplinary team of compassionate mental health caregivers treat the whole person by offering culturally competent, trauma-focused, spiritually sensitive psychiatric and psychological evaluations, parenting skills, anger management, medication management, as well as individual, group, couples and family therapy services. Appointments can be given within 7 days or less.

Visit www.fullcirclehealth.org (Bilingual services including Spanish and Haitian Creole are available.)

LifeNet

Confidential, toll-free help line for New York City residents, LIFENET operates 24 hours per day/7 days per week. The hotline's staff of trained mental health professionals helps callers find the most appropriate mental health and substance abuse services for their needs.

Call: 800-LifeNet (800-543-3638) (English)
877-Ayudese (877-298-3373) (Spanish)
877-990-8585 (Asian LifeNet)
212-982-5284 (TTY)

LIFENET is multilingual and multicultural. LIFENET assists people who are experiencing a crisis. LIFENET has authorized linkages with 23 mobile crisis teams and Emergency Medical Services (EMS). This unique, life-saving authority allows LIFENET to provide a prompt response to callers in urgent need of psychiatric assistance.

Mount Sinai Adolescent Health Center

312 East 94th St.
New York NY 10128

Call: 212-423-3000

Comprehensive medical and mental health care are available. For more information, see Adolescent Reproductive Health Service Centers section, above.

Youthline

Call: 800-246-4646 or 877-YOUTHLINE
(877-968-8454)

Youthline is toll free; peer-to-peer hotline network linking callers to community based peer-counseling hotlines in the nation.

If you are seeking assistance for yourself or someone that you believe is in immediate danger, please call 911.

CHILD CARE SERVICES

ACS Division of Child Care and Head Start:

66 John Street,
New York NY

Call: 917-228-7076 Info/Appt line

For Family Support and Client Services:
Call: 212-361-6220

DOE Referral Centers for High School Alternatives & LYFE Programs

The NYC DOE operates 38 Living for the Young Family through Education (LYFE) centers throughout the 5 boroughs. Each LYFE site is linked to a social services and health referral network developed by the on site LYFE Social Worker. See Education Resources section, below, for contact information.

Call: 917-521-3639 for
District Office
4360 Broadway, 4th Floor
New York, NY 10033

HOUSING SUPPORT SERVICES

ACS Housing Support and Services

150 William Street, 8th Floor
New York NY 10038

Call: 212-341-2832

Families with active foster care or preventive cases—including APPLA youth—along with their Case Planners and Children’s Services Case Managers can now meet face-to-face with HSS specialists on a walk-in basis during business hours Monday-Friday. The HSS specialists provide counseling, make referrals, and assist with the completion of related forms.

College Point

124-15 14th Avenue
College Point, NY 11356

Call: 718-939-9375

Young women over 18 and pregnant or parenting who are in school or working are eligible. Staff provides childcare, help getting PA and jobs, case management, and groups.

Covenant House

460 W. 41st Street,
New York NY

Call: 800-999-9999 or 212-613-0300

Provides 30-day emergency shelter for young people less than 20 years of age. Provides counseling and case-management, will help find permanent placement. Has permanent facility called ‘Rites of Passage’. Food provided. Walk-ins accepted.

Edwin Gould Multi-Service Center

55 East 110th St.,
New York NY

Call: 212-828-2173

Edwin Gould’s Multi-Service Center provides services needed by young people who have been involved in either foster care or the juvenile justice system. For more information, see Support Services and Assistance section, above.

Good Council/Paraclete Foundation’s Harrison House

Located on St. Vincent’s Campus in Harrison

Call 914-925-9834 or 800-723-8231 for intake.

Offers housing for pregnant women over 18 who are mentally ill or abusing substances. Mothers attend day treatment programs at the hospital as well as offsite programs (e.g., life skills programs) and help is provided to get WIC, food stamps, and PA. Need to have a recent psychological and Axis I, Axis II, or substance abuse diagnosis.

Independence Inn

400 Grand Avenue,
Brooklyn, NY 11238

Call: 718-827-8465 or 718-326-5933

Services Provided: shelter/housing mother/child residence.

Call to schedule an intake interview. Independence Inn is a residence for women ages 16-21. Residents must work or earn GED or high school diploma. The program does not help finding jobs but will help with resumes, cover letters, and skills. Provide help obtaining TANF and NYC subsidized child care. Food provided. 1 year stay limit.

Momma’s House

3402 Park Avenue,
Wantagh, Long Island

Call: 516-781-8637

Maternity group home for women ages 17-21 that are pregnant or parenting. Help with finding Jobs and applying for PA. Have to pay for room and general food with wages or PA. Need based wait list.

Regina Residence

29 Kirkwood Avenue,
Merrick, NY 11566

Call: 516-223-7888

Housing for mothers ages 12-21 from Nassau or Suffolk County. On site day care available. Cell phones restricted. Referrals are made by the Dept of Social Services.

LEGAL INFORMATION AND SERVICES

Advocates for Children

Call: 800-427-6033 or 212-947-9779

Provides legal advice and representation for special education and suspension/expulsion.

<http://www.advocatesforchildren.org>

Bronx Defenders Family Defense Project

Call: 800-597-7980 or 718-838-7878

Provides legal representation and preventive advocacy to parents facing neglect and abuse allegations in Bronx Family Court.

Center for Family Representation

Call: 212-691-0950

Provides legal representation and preventive advocacy to parents facing neglect and abuse allegations in Manhattan Family Court.

<http://www.cfrny.org/contact.asp>

Day One

Call: 800-214-4150

Provides legal advice, representation and counseling for young women experiencing domestic violence and/or dating violence. The Community Education Program offers interactive, law-based workshops that educate youth in public school classes, after-school programs and foster care group homes; trains social service providers, teachers and parents on domestic violence and the law. The Legal Services Program provides free and confidential information, advocacy and representation in family and criminal courts to youth ages 12 to 22. The Peer Leadership Program organizes students and builds leadership skills among college-aged youth. Students educate their peers, design education systems, develop materials, and perform outreach and advocacy.

<http://www.dayoneny.org/>

The Door's Legal Services Center

555 Broome Street,
New York, NY 10012

Call: 212-941-9090 ext.3280

Legal advice and representation for immigration, housing, public benefits and foster care issues.

<http://www.door.org/programs/legal.html>

Lawyers For Children

Call: 800-244-2540

Provides legal representation for children and youth in foster care.

<http://www.lawyersforchildren.org>

The Legal Aid Society

Call: 212-577-3300 (main number)

Legal Aid's Juvenile Rights Practice provides legal representation for children and youth in child protective, termination of parental rights, Persons in Need of Supervision (PINS) or delinquency cases. The Civil Practice offers legal assistance for issues relating to housing, health care, public benefits, domestic violence, family law, immigration, employment, and consumer law issues. The Criminal Practice represents defendants in criminal matters. Offices located in all 5 boroughs.

<http://www.legal-aid.org/en/findus/locations.aspx>

Legal Services NYC

Call: 212-431-7200 (main number)

Provides legal assistance for issues related to family, housing, benefits, consumer rights, education, senior citizens, domestic violence, predatory lending practices, immigrants, and people with HIV.

<http://www.legalservicesnyc.org/index.php>

Legal Services NYC—Bronx Family Law Unit

Call: 718-928-3700

Provides legal representation and preventive advocacy to parents who live in the Bronx and are facing neglect and abuse allegations in Family Court.

Legal Services NYC— Brooklyn Family Defense Project

Call: 347-592-2500

Provides legal representation and preventive advocacy to parents facing neglect and abuse allegations in Brooklyn Family Court.

**Legal Services NYC—
Queens Family Law Unit**

Call: 718-657-8611

Provides legal representation and preventive advocacy for parents who live in Queens and are facing neglect and abuse allegations in Family Court.

New York Legal Assistance Group

Call: 212-613-5000 ext.3

Provides legal advice on public assistance, family law and immigration issues.

<http://www.nylag.org>

LIFT

350 Broadway, Room 400,
New York NY

Call Information hotline: 212-343-1122

Provides multilingual Legal Resource Guides that give step-by-step information on the law and how the Courts work. Call the Telephone Hotline or send a question to the email Hotline. Operates Education & Information Sites located in the Bronx, Brooklyn, Manhattan, and Queens Family Courthouses. Family Legal Center supports unrepresented Family Court litigants.

www.Liftonline.org

Sanctuary for Families

Call: 212-349-6009 ext. 246

Provides legal advice, representation and counseling for women and children experiencing domestic violence and victims of sex trafficking.

<http://www.sanctuaryforfamilies.org/>

Urban Justice Center

Legal clinic for public assistance, food stamps and benefits issues (Tuesdays 9:30 to 11:30 a.m. at 795 Lexington Ave.)

Call: 718-875-5062; 646-602-5600

Domestic violence project, Lesbian/Gay/Bisexual/Transgender youth project (Peter Cicchino Youth Project).

<http://www.urbanjustice.org/>

For more legal referrals, see the website:

<http://www.LawHelp.org/NY>

EDUCATION RESOURCES

Advocates for Children

Call: 866-427-6033

Hours: Helpline available Monday-Thursday, 10am-4pm

Provides advice and representation to NYC families to secure quality and equal public education services.

<http://www.advocatesforchildren.org>

The Legal Aid Society, Juvenile Rights Practice, Education Advocacy Project

Call: Cara Chambers at 212-577-3342

EAP provides special education advocacy and advice for children birth to 21 who are represented by The Legal Aid Society.

Inside Schools

Independent reviews of all NYC public schools; information for parents, including frequently asked questions and school open house dates; bulletin boards and parent/student comments for members.

<http://www.insideschools.org>

NYC Department of Education (DOE)

<http://schools.nyc.gov>

NYC Chancellor's Regulations

<http://schools.nyc.gov/Administration/ChancellorsRegulations/default.htm>

*list of all the Chancellor's Regulations, including A-240—Pregnant and Parenting Students and A-170—Home Instruction.

NYC DOE Referral Centers for High School Alternatives & LYFE Programs

Bronx @ Bronx Regional High School

1010 Reverend James A. Polite Avenue, 3rd Floor
Bronx, NY 10459

Call: 718-842-9200, 9201 or 9281

Brooklyn @ Marcy Avenue Complex

832 Marcy Avenue, Room 501A
Brooklyn, NY 11216

Call: 718-636-5770, press 1 for the Referral Center

Manhattan @ Alternative Learning Center

500 8th Avenue at 35th Street, 7th Floor
New York, NY 10018

Call: 212-868-7238 ext. 1162 or
212-868-7481 ext. 1162

Queens @ Jamaica Learning Center

162-02 Hillside Avenue, Room 109
Jamaica, NY 11432

Call: 718-739-2100

Staten Island @ St. George

460 St. Marks Place
Staten Island, NY 10301

Call: 718-273-3225 (main), 1060 or 3256

*the Referral Centers are intended to provide one-stop shopping for students looking for alternative programs. Mostly they provide referrals to GED Programs, but they are also the points of contact for information about the LYFE programs. The guidance counselors can also provide information about other alternative programs listed below.

NYC DOE Vocational Programs**School of Cooperative Technical Education—Co-op Tech**

321 East 96th Street
New York, NY 10128

Tel: 212-369-8800 for Principal: Glenn Goldberg

Fax: 212-876-9290

www.Co-opTech.org

Career and Technical Education (CTE)

CTE programs combine regular high school academics with technical career training in a specific field. Graduates receive their Regents Diploma with a Technical Endorsement

Eligibility: Must be a NYC high school student & enrolled in the school where the specific CTE program is offered. www.nyccte.org

NYC DOE Alternative High School Programs**Transfer High Schools**

Available full-time/day high schools for youth 15- 21 (varies by school) that provides a smaller setting with intensive support services. Offer college prep, accelerated and on-line course work and paid internships for students to earn regent and advance regents diploma. Student must have completed a minimum number of credits and one year of high school.

<http://schools.nyc.gov/Offices/OMPG/TransferHighSchools/default.htm>

Young Adult Borough Centers (YABC)

Evening academic programs designed specifically to meet the needs of high school students who might be considering dropping out because they are behind or because they have adult responsibilities that make attending school in the daytime difficult.

Eligibility: students 17 and older with 17+ credits. Students earn a regular high school diploma.

<http://schools.nyc.gov/Offices/OMPG/YouthAdultBoroughCenters/default.htm>

NYC Children's Services

Children's Services Education Unit
212-442-3030

Consultation is available to any ACS staff member, partner agency staff, parents, or other caregivers citywide.

Education Resource website: <http://www.nyc.gov/html/acs/education/>

Resources for Children with Special Needs

Call: 212-677-4650

Provides information, referrals, and representation for children with special needs residing in NYC.

<http://www.resourcesnyc.org/rhome3.php>

HOME VISITING NURSE PROGRAMS

Brooklyn Perinatal Network

Zip Codes: 11203, 11206, 11207, 11212, 11213, 11216, 11221, 11225

718-622-4119 x 13

Participants: families with young children under 2 years of age

Bushwick Bright Start

For pregnant women and families with infants under 3 months in Zip Codes: 11237

Call: 718-416-1442

CAMBA CHWP

Available to all pregnant women in Zip Codes: 11226, 11203

Call: 718-826-2223, ext 249

CAMBA Healthy Families

For pregnant women and families with infants under 3 months in Zip Codes: 11226, CDs 9, 14 & 17 (parts of 11210, & 11230, 11203, 11225)

Call: 718-826-2223, ext 228

Community Health Worker Programs

Bronx

Morris Heights Health Care- Available to all pregnant women in Zip Codes 10452/3/6

Call: 718-483-1253

Urban Health Plan- Available to all pregnant women in Zip Codes 10459/60/72/74

Call: 718-542-5555

Manhattan

Harlem Hospital, Call: 212-939-8294

Northern Manhattan Perinatal Partnerships

Call: 212-289-8800

Diaspora Comprehensive Adolescent Pregnancy Prevention Program

182 4th Ave, Park Slope Brooklyn (Borough wide)

Call: 718-399-0200, ext. 243

Pregnancy prevention, sexual and reproductive health education and information

Healthy Families, Brookdale Hospital, Brooklyn

Serving pregnant women and families including youth in foster care with infants under 3 months in Zip Codes: 11203, 11207, 11208, 11212, 11213, 11236

Call: 718-240-8342

Healthy Families of NYC

Bronx

Serving pregnant women and families including youth in foster care with infants under 3 months in

Call: (718) 716-4400 or (718) 466-7758

Brooklyn

Serving pregnant women and families including youth in foster care with infants over 3 months in Zip Code 11216, 11225, 11208, 11210, 11218

Call: 718-826-2223

Serving pregnant women and families including youth in foster care with infants under 3 months in Zip Code 11226, 11233, 11203

Call: 718-826-2223

Manhattan—Northern Manhattan Perinatal Partnership “Baby Steps” Program

Call: 212 690-2229

Main Office: (212) 665-2600

Jamaica, Queens

Call: 718 526-2400 ext 2054

Staten Island

Healthy Families of New York,

110 Thompkins Ave

Call: 718-874-4455 or 718-303-8965

Nurse-Family Partnership Dept of Health/ ACS NFP-TCI Program

A 2yr program for 1st time expecting mothers in foster care (pregnant less than 28 weeks).

Call: 646- 672-2865

Nurse-Family Partnership at SCO

Serving Central Brooklyn

Call: 718-919-1284

Participants: 1st time pregnant women less than 28 weeks

Successful Start

For pregnant women and families with infants under 3 months in Zip Codes: CD 3, and zip codes 11216, 11233

Call: 718-623-5966, ext. 27

Visiting Nurse Service of New York

Early Intervention Program- Call: 212-609-6234

General Number: Call: 888-VNS-1-CALL

Early Head Start and Early Steps Family Center in Rockaway, Queens: Call: 718-318-8040

PARENTING EDUCATION PROGRAMS³⁵

Below is a list of parent education programs/curricula that have been reviewed by the Parent Education Steering Committee³⁶ and found to be either evidence-based or promising practices.

1-2-3 Magic

A parent discipline strategy is taught to parents using a book and DVD which may be presented to parents individually or in groups. The program is designed to help parents remove secondary reinforcers from their discipline methods that have the effect of annoying or otherwise unsettling to the parent(s). Described as “Stop” behaviors, the program advises parents to use short, three step counts to interrupt behaviors and then the use of Time Outs and similar restrictions to encourage behavioral change. Motivational strategies are discussed to encourage “start” behaviors, which are behaviors parents do not see their children engaged in enough. Appropriate for toddlers and children up to teen years. The program is not designed to provide instruction in any other areas of parenting so it has limited applicability and should not be used as a stand alone program if there are other parental needs. Program is available in English and Spanish. Costs are only for materials. **Parenting Toddlers to Teens Book and DVD-\$146.88; Managing Difficult Behavior-\$39.95.** Contact www.123magic.com

³⁵ Unless otherwise indicated in its individual description, each of these programs should be appropriate for parents of young children.

³⁶ New York State Parenting Education Partnership (NYS PEP) is a network of over 65 agencies, organizations and individuals with a mission to enhance parenting education skills, knowledge and behavior.

Children’s Aid Society Families for Reunification Parenting Skills Program

This program aims to teach parents the skill they need to parent children while they are in out of home care in the service of reunification or other appropriate permanency plan. More than teaching discreet parenting skills, this program teaches: critical thinking; self advocacy and parents’ rights; knowledge of attachment and loss; strategies for successful visiting; building relationships with foster parents; child development and child management skills; safety; and parent self care. The curriculum is run as a process driven group and requires a skilled group worker. Although this curriculum is not evidence based, it has been included because it is one of the few specifically aimed at children in out of home placement. Cost is free.

Contact www.childrensaidsociety.org/fostercare

EPIC: Every Person Influences a Child

Conducted in a group setting, the basic EPIC curriculum focuses on preparing parents for positive parenting with respect to the family’s functioning and the children’s educational needs. Its core parenting program, Pathways to Parenting, develops parenting skills, parent advocacy around educational issues, and parent leadership. The curriculum focuses on social, emotional, and literacy development while allowing the parent to explore him/herself not only as a parent but as a person. This basic program appears to be most useful for parents of school aged children. One of EPIC’s specialty programs is the **At Risk Parenting Program**. This program is described in the website as “workshops for parents with challenges.” These challenges include, but are not limited to, parents who have lost or at risk of losing their children through the child protection system. These parents can be involved with substance use/abuse, emotional health issues, domestic violence, criminal background, etc. They face or experience personal situations which compromise their ability to provide parental guidance that protects the basic needs of their children. The goal for this population is to keep them moving towards achieving their personal goals as individuals and as parents. Parental isolation, poor parenting role models, lack of positive parenting skills, family stress, and lack of parent/child bonding are a few of the factors EPIC addresses through parenting education groups. Costs range for different programs from \$15 to \$25.

Contact www.epicforchildren.org

Incredible Years

This is a prevention/intervention program for parents and teachers of children 3-12 years old. Videotapes and facilitated discussions are delivered in a group format. The parent programs are grouped according to child's age. The curriculum includes 12-14 sessions, two hours each. This program focuses on strengthening parent competencies. This program uses developmental theory that stresses multiple interactive risk and protective factors. Positive discipline approach is taught. The goal is to promote children's academic, social, and emotional competencies as well as reduce conduct problems in schools and at home. This program is usually used in preventive settings. Preference is for parent to partner with a facilitator. The program is available in Spanish.

Contact www.incredibleyears.com. Costs vary dependent on size of group and how much material is needed.

Nurturing Parents

This program is delivered through a DVD and a series of workbooks that are designed for use by participant parents and children. The program includes 80 sessions for parents covering 18 different competency areas. The parallel program for children includes 85 lessons. The sessions can be combined in different ways depending on the needs of a particular family. The lessons are competency based and designed to help adults acquire knowledge and skills to improve overall parenting and prevent child abuse and neglect. Best used in preventive settings, the program is designed as an individual intervention but can be adapted for groups. It is strength based and the documents are clear and accessible. The focus is on young children as opposed to adolescents. Program is available in Spanish.

Contact www.nurturingparenting.com/ Cost for the implementation manual is \$30. The cost for each parent handbook is \$15.

MISCELLANEOUS

Youth Success NYC:

www.youthsuccessnyc.org

A website for youth in care, youth who have left care, and those who work with them. Provides information on education, housing, employment, health and mental health including resources for pregnant and parenting teens.

Working with Young Parents in Out of Home Care

Mandatory Reporting

Throughout the young parent's involvement in the child welfare system, Children's Services and agency staff should clearly explain their role as mandated reporters. The young parents should know up front that:

- **The case planner may be required to make a report to the State Central Register (SCR) of Child Abuse and Maltreatment and notify Children's Services if s/he is concerned about the child's safety.**
- **Potential safety issues should be explored with the young parents to ensure they have a clear understanding of their role in keeping their child safe. Preventive services workers have the same reporting requirement.**
- **Services should be offered in the spirit of helping them.**

Every effort should be made to engage, encourage, and support young parents. In order to avoid alienating young parents from seeking and accepting help, it is important that providers not threaten them with court proceedings or calls to Children's Services or the SCR. As with any other child in foster care, if a young parent breaks a group home or foster home rule, the disciplinary action should be appropriate to the infraction and not be used as an opportunity to discourage or undermine the young person's ability to parent or have custody of his or her child.

For more information on working with expecting and parenting young people in foster care read Administration for Children's Services 'NYC Guide to Working with Young Parents in Out of Home Care'

Making Reports to the State Central Register (SCR)

Reporting a young parent to the State Central Register of Child Abuse and Maltreatment (SCR), though not always welcomed, may be required of a provider agency case planner in the course of his or her work. New York State law mandates social service professionals to immediately make a report to the SCR when:

- –in the course of their professional or official capacity, they have "reasonable cause" to suspect that a child is being abused or maltreated, or
 - –is at serious risk of abuse or maltreatment, as a result of his or her parents' actions.
- Provider agency case planners should also follow their individual organization's protocol about making reports.

If a case planner deems it necessary to make a call to the SCR, she or he should inform the young parent if possible. When telling a young person that a call was made about her to the SCR, the case planner should anticipate and validate the young parent's reactions. Best practice includes continuing to support the young parent and to provide services to her and her child throughout the reporting and investigative process.

Once a call is made, it is the responsibility of the Children's Services Division of Child Protection (DCP) Child Protective Specialist (CPS) to investigate the allegations and determine whether the case should be "indicated" or "unfounded." Because of ACS and the provider agencies' unique role in caring for young parents in their custody, it is important for case planners to have a general understanding of the possible outcomes of a Children's Services child protective investigation. If sufficient evidence supports the allegations in the SCR report, it will be marked "indicated," and the record of this report against the parent will remain in the SCR database until the youngest child named in the report turns 28 years old. The case planner should take time to discuss the seriousness and implications of an indicated case with the young parent.

If a young parent asks a case planner or CPS for information or advice about the investigation process, or about the letter she receives about the result of the investigation, the case planner or CPS should refer the young parent to her attorney for further information.

Interested in becoming a resource parent for a pregnant or parenting young person?

Call 311 or the Parent Recruitment Hotline at 212-676-WISH (outside of NYC: 877-676-WISH)





Working with Young Parents in Out of Home Care

Early Care and Education Services

A young parent in out of home care may be eligible to access early care and education services based upon certain criteria below:

New York City Child Care Subsidy

The following families are **guaranteed** NYC-subsidized child care services:

- (1) Families that have applied for or are in receipt of TANF Cash Assistance when child care is needed for a child under 13 years of age in order for the parent or caretaker to engage in a work activity;
- (2) TANF families that are receiving Child Care in Lieu Of Cash Assistance (CILOCA); and
- (3) Families receiving transitional child care when their TANF case is closed

If funding is available, a family may be eligible to receive Child Care Subsidy when:

- (1) The family has an open Child Protective Services case and child care is needed to protect the child;
- (2) The family has an open Preventive case;
- (3) The family's income is up to 200% of the State Income Standard and the caretaker is:
 - (a) homeless while working or participating in an educational or vocational activity;
 - (b) a victim of domestic violence;
 - (c) employed or
 - (d) participating in an approved educational or vocational program.

Families with working foster care parents are also eligible for child care. If there is a two parent foster care family, both parents must be working.

If a young parent is in a direct placement with his or her child rather than in foster care, the family may be eligible for Child Care Subsidy if it meets the criteria above. For assistance obtaining subsidized child care, the young parent should call 311.

Note that each family receiving Child Care Subsidy must pay a monthly fee based on family size and income for child care services. Employed foster care families pay a flat minimum fee.

Head Start and Early Head Start

Head Start and Early Head Start (EHS) are free to eligible families. Children ages 3 and 4 who are from families with incomes below the federal poverty guidelines are eligible for Head Start. Pregnant women, infants and children up to age 3 whose family incomes are below the federal poverty guidelines are eligible for EHS services. Children from homeless families, and families receiving public assistance such as TANF or SSI are also eligible for Head Start/EHS. Children in foster care are eligible for Head Start/EHS regardless of their foster family's income.

Making Referrals

In accordance with the NYC Children's Services Child Care and Head Start Referral Procedure, a case planner should assist a young parent in foster care whose child may be eligible for subsidized child care or Head Start/EHS services by contacting the appropriate office below:

- Shared Response Team: Family Permanency Shared Response Team Supervisor at 212-676-6686- Only for foster Parents
- Office of Preventive Services Response Team Supervisor at 212-341-2949- Only for families with open preventive cases

Young parents in foster care who are employed or attending approved educational activity do not require referral from case planner. They can apply for Child Care Subsidy at an ACS contract child care program. A directory of ACS contract child care programs is available at www.nyc.gov/acs

Child care services should be applied for in the young parent's name rather than the foster parent's. Please note that each family pays a monthly fee based on family size and income for child care services. Head Start is free of charge

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Working with Young Parents in Out of Home Care

Young Parents Transitioning Out of Foster Care

When a young parent transitions out of foster care with his or her child to live independently, child care should continue seamlessly as long as the family continues to meet the eligibility requirements.

If the basis for eligibility for Child Care Subsidy was that the foster parent was working and therefore unable to provide child care, child care will end when the young family transitions out of care unless the young parent independently meets another basis for eligibility. (i.e., low income and working or low income and in an educational/vocational activity). If the young parent meets another basis for eligibility, the case planner must notify the ACS Division of Child Care and Head Start well in advance of discharge to ensure that child care continues uninterrupted.

Note: *If an agency or the teen parent fails to notify ACS of changes in status that impact the reason for child care, there is the potential for an interruption.*

What Types of Child Care Are Available?

- **Group Child Care Centers:** Certified providers offer care in a licensed child care center, funded by ACS. Group centers may provide care for children ages 6 weeks to 3 years. Centers are generally open Monday through Friday from 8:00 a.m. to 6:00 p.m., though some programs may open early, stay open late or have weekend hours.
- **Family Child Care Networks:** Child care is provided for eligible families in registered family child care homes and licensed group family child care homes affiliated with ACS-funded family child care networks. Child care in the homes is often available for children ages 6 weeks through 12 years. Children with documented special needs may receive child care through the age of 18. Regular hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. for non-school aged children, and 3:00 p.m. to 6:00 p.m. for school aged children, though many family child care providers open early, stay open late or have weekend hours.
- **Family Child Care Homes:** A provider cares for up to 6 children depending on the age of the children in the provider's home. The provider is registered by the DOHMH.
- **Group Family Child Care Homes:** The provider and an assistant may care for as many as 10 to 14 children, depending on the age of the children in the provider's home. The provider's home is licensed by the DOHMH.
- **Head Start and Early Head Start:** Head Start offers educational programs for children age 3 and 4, and Early Head Start offers programs for pregnant women and children up to age 3. Both offer a wide variety of opportunities and support services for families and feature safe, caring environments where both children and parents come to learn and grow and achieve. Case planners should refer young parents for Head Start or Early Head Start using the referral procedure described above. Interested families can also call (212) 232-0966 or 311 for details regarding Head Start/EHS and how to find centers in their neighborhoods.
- **Universal Pre-Kindergarten (UPK):** A free educational program available through ACS and the DOE for all eligible 4-year-olds. Programs offered are either half day or full day in local elementary schools and community-based sites. For more information about Pre-K programs, call 311.
- **Out of School Time (OST):** After school programs administered by the Department of Youth and Community Development (DYCD). Services are available at no cost to all school-age children, from kindergarten to high school. Programs offer academics, arts and music or sports. For contact information for after school programs in your area, call DYCD (1-800-246-4646) or 311.

For more information on resources for pregnant and parenting young people in foster care read the *NYC Administration for Children's Services 'Guide to Working with Young Parents in Out of Home Care', 2012*

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Working with Young Parents in Out of Home Care

NYCHA: Public Housing

What it is:

- Applicants receive a priority code from NYCHA through Children's Services of N-0 (N-Zero),
- Participants are responsible to pay a rent of 30% of the family's adjusted gross income.
- Applications will identify their 1st and 2nd preferences for borough choices: the timeliness of obtaining the housing can depend on the demand for a particular borough.
- NYCHA requires that all applicants either live within NYC, are employed within NYC or have promise of employment within NYC.

Who is eligible:

- Families where housing is the sole barrier to reunification
 - Families must have a verifiable source of income to apply
 - Family court identified
- APPLA goaled youth, who are transitioning from foster care and who will be living independently in his/her own apartment
 - Youth does not have to identify an income source at the time of application, but must have a verifiable income source by the first NYCHA interview. Verifiable income sources may include: employment or SSI prior to the NYCHA Eligibility interview.

When to apply:

- Youth: the minimum age requirement to apply with NYCHA is age 18. HSS recommends applying at 19.5. NYCHA applications can not be processed once the youth is within six (6) weeks of attaining age 21 and/or being discharged from foster care.
- Families: Upon completion of all service mandates and prior to trial discharge.

What is needed:

- The Provider Agency Foster Care Director, or designee, signs the Family Reunification Memo of the Youth Independent Living Memo and The Memorandum of Attestation.
- CM622: ACS Housing Assistance Application for Initial Eligibility Determination.
- Referral letter signed by Administration for Children's Services
- NYCHA Approval Process: Client interviewed. Generally within 8 weeks of application receipt at NYCHA
- Screens application and household members. Previous NYCHA history reviewed Landlord contact made to determine rent history and behavior.
- Placed on borough waiting list when approved.
- Client contacted by mail when apartment(s) are available.

Transfer Policy (for Families who already have a NYCHA apartment and need a larger apartment to reunify):

- Complete a request for transfer form at the NYCHA Management Office in their housing complex
- Obtain signed letter from Provider Agency care planner stating that the children are in foster care and the primary barrier to reunification is that the apartment is not the appropriate size.
- If approved, NYCHA will give these clients a "T-2" transfer priority
- Then the client must wait for apartment availability.

Subject to change. Some exemptions may apply.

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Other:

- Applications must go through Children's Services in order to receive the priority code.
- Applicants may be processed for both Section 8 (when available) and Public Housing Programs simultaneously until the time of rental in either program. At that time, the application for the other program becomes inactive.
- Applicants may not be prevented from applying for NYCHA Public Housing because of criminal history or drug use.
- If NYCHA has reasonable cause to believe that the applicant has used drugs within the last three years, he or she may need to provide proof of drug treatment.
- Applicants must be able to pass the NYCHA Criminal Background check. Not all criminal offenses are automatic disqualifiers.
- If a client is found "pending ineligible" for a criminal offense or substance abuse, they have 30 days to respond to NYCHA.
- If found "ineligible," client has 90 days to appeal as described in the determination letter.
- Youths must be in care at the time of interview with NYCHA. AWOL status and trial discharge status may adversely affect the priority code management.

Subject to change. Some exemptions may apply.

TIP SHEET Working with the Goal of APPLA

Transitional Medicaid

Overview

ACS realizes that when youth turning 21 are final discharged from foster care there are many things that need to be put in place prior to leaving care. Access to medical coverage is an important part of ensuring a successful transition from foster care.

There are basically two broad Medicaid program categories in New York State: “Services Medicaid” (also known as foster care Medicaid) and “Community Medicaid.” When a foster child is final discharged from foster care and will reside in the State of New York, the local social service district is required to determine the youth’s eligibility for Community Medicaid coverage. While the youth’s eligibility to receive Medicaid is being determined, s/he is transitioned to Community Medicaid, for up to four months (the length of the determination process) Please note that this process does not pertain to youth who are discharged to adoption.

Additionally, in December of 1999 the Foster Care Independence Act of 1999 was enacted. This act provides assistance to current and former foster care youth working towards self-sufficiency. A provision of the Chafee Amendment provides states the option of allowing youth being discharged from foster after their 18th birthday to remain eligible for Medicaid up to age 21.

The goal of the **Transitional Medicaid Unit** is to ensure that all eligible youth discharged from care with no other identified medical coverage plan are transitioned onto Community Medicaid. The unit also makes sure that youth eligible for New York State Community Medicaid coverage under the Chafee Amendment are identified and are able to receive this coverage until their 21st birthday.

Services

Provider Agency staff must assist the youth with filling out the Medicaid renewal package with copies of supporting documentation. The renewal package should be submitted to ACS at least 60 days prior to the youth leaving foster care or turning 21. Supporting documentation consists of:

- Copy of youth birth certificate or permanent resident card if not an American citizen
- Copy of youth social security card
- Copy of pay stubs if youth is employed
- Copy of a photo ID of the youth
- Copy of paystubs for one month or a support letter

The package and supporting documentation is submitted to the ACS Transitional Medicaid Unit for review. It is then forwarded to the Human Resource Administration (HRA) for final Community Medicaid eligibility determination.

After the youth is discharged from care and they need assistance concerning their community Medicaid, they can call the HRA Medicaid Help line at 1-888-692-6116.

When in doubt...reach out

Sandra Smith
Director Medicaid Transitional Unit
150 William Street 6th Floor
New York NY 10038
212-442-5500

Grace Robinson
Supervisor
150 William Street 6th floor
New York, NY 10038
212-676-6366

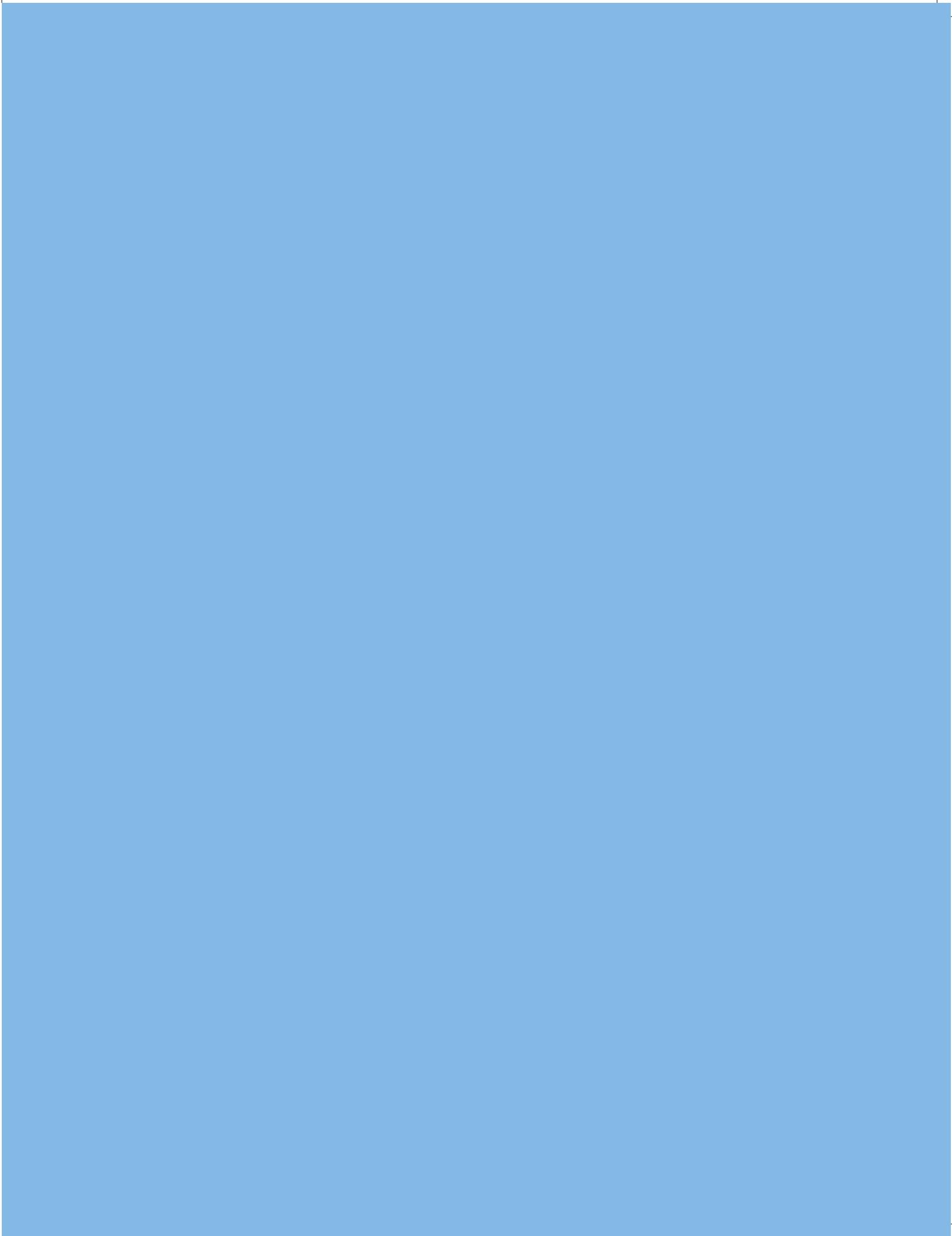
Roberta Dunson
Supervisor – Systems Medicaid
150 William Street 6th floor
New York, NY 10038
212-341-3662

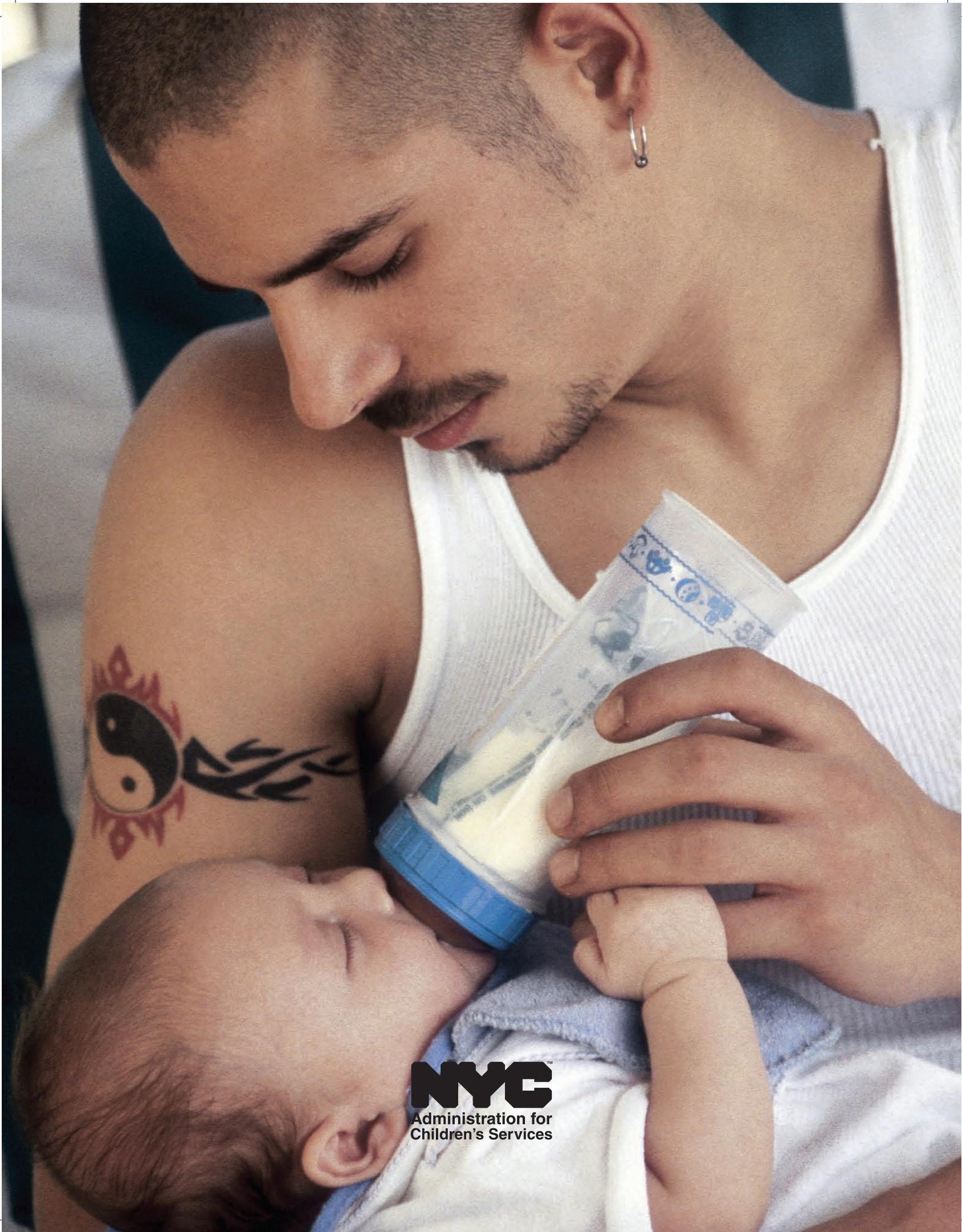
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