
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

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Reproductive Health and Parenting

Purpose To provide guidelines for youth and young adults with an open case to receive reproductive health care information and services and, as needed, pregnancy or parenting case management services.

Approved This policy was approved by Gary Taylor, Director of CFS, on September 9, 2015. *Signature on file.*

Most Recent Revision This revision of the Policy and Procedure (P&P), formerly titled “Care of Pregnant Children,” incorporates current legislative guidance regarding the reproductive healthcare needs of foster youth and non-minor dependents (NMDs), as well as data collection of dependents who are parents.

Background Research indicates youth in foster care engage in sexual activity at an earlier age, have higher rates of sexually transmitted infections (STIs), higher rates of pregnancy (intended and unintended), and higher rates of births than youth of the same age not in foster care. A higher rate of pregnancy and parenting among young adults newly aged out of foster care has also been documented.

Further, parenting youth exhibit lower levels of educational attainment, more single parenthood, and less stable employment than do youth with similar backgrounds who postpone childbirth. Subsequently, the children born to parents in foster care are disproportionately at-risk for maltreatment and involvement in the child welfare system than the general population.

Given this data, the need for improved reproductive education and pregnancy prevention among foster youth and dependent young adults is of significant concern to the California legislature. In

September, 2013, the governor signed Senate Bill (SB) 528 which:

- Clarified a minor's right to consent to specified medical treatment pursuant to Family Code (FAM) Section (§) 6920, regardless of dependency status
- Authorized child welfare agencies to provide dependent children access to age-appropriate, medically accurate information about sexual development, reproductive health, prevention of unplanned pregnancies and STIs

The Supreme Court ruling of *American Academy of Pediatrics v Lungren* 16 Cal 4th 307 (1997), provides children in California the constitutionally protected right to consent on their own to pregnancy related care, including abortion, and a right to privacy in their reproductive decisions.

Definitions

For the purposes of this P&P, the following apply:

Comprehensive Reproductive Health Education: Information which covers all aspects of sexuality, services, and options including yet not limited to sexual development and healthy relationships, pregnancy, family planning, and STIs.

Family Planning Services: Process of establishing objectives for the timing, number, and spacing of children, and selecting the means by which those objectives may be achieved. Services include yet are not limited to: patient visits, client-centered reproductive health education and counseling, instruction in pregnancy prevention, contraceptive counseling, methods (e.g., birth control pills, patch, ring, IUD, injections, implants) and supplies (e.g., condom, sponge, foam, film, diaphragm, cap), diagnosis and treatment of STIs, and treatment for complications resulting from previous family planning procedures.

Pregnant and Parenting Planning Conference (PPPC): A specialized, collaborative, supportive group process to assist pregnant and parenting foster youth and NMDs with planning for healthy parenting, identifying appropriate resources and services, and preparing for a successful transition to independence.

Sexual Orientation, Gender Identity and Expression (SOGIE): A term which represents the important intersection of three distinct identities.

- Sexual orientation – a person's emotional, romantic, and sexual attraction to individuals of the same sex and/or a

different sex

- Gender identity – a person’s internal, deeply felt sense of being male, female, both, or neither, regardless of the person’s assigned sex at birth
- Gender expression – the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior

Survival Sex: A practice of bartering or trading sex for basic needs such as food and shelter (a place to sleep or live) or for drugs and/or alcohol. Also termed “transactional sex.”

Whole Family Foster Home (WFFH): A type of placement home (not a group home) specifically recruited and trained to assist the dependent parent in developing the skills necessary to provide a safe and stable home for their child. Under specified conditions, additional funding may be provided.

POLICY

Prevention/ Intervention

As indicated in Welfare and Institutions Code (WIC) Section (§) 16501, child welfare services includes the protection, promotion and preservation of the health and welfare of children and young adults in care. Receiving accurate reproductive health education and referral to needed services is an integral aspect of overall health and well-being for the youth and young adults served by Children and Family Services (CFS) and will assist in achieving the following objectives for youth/young adults in foster care:

- Reduce unintended pregnancy
- Reduce STIs
- Improve outcomes for parenting dependents and their children

Thus, as part of ongoing case management, and as outlined in CFS P&Ps [Case Compliance Contacts and Documentation \(E-0105\)](#) and [Extended Foster Care \(EFC\) \(J-0101\)](#), assigned Senior Social Workers (SSWs) will assess, monitor and document the ongoing health and development needs of the dependents on their caseload, including reproductive health education and reproductive healthcare service needs. See [Attachment 1—Reproductive Health Discussion and Intervention Tips](#).

Per CFS policy, assigned SSWs will make efforts to:

- Utilize their professional training and engagement skills to introduce and monitor a youth's/NMD's reproductive health understanding and development
- Create a safe and affirming environment to enhance ongoing reproductive health discussions and assessment
- Refer to, and facilitate receipt of, safe community resources and healthcare providers appropriate to the youth's/NMD's individualized needs
- Provide, as authorized in WIC § 369(h), dependent children and NMDs access to age-appropriate, medically accurate health information regarding:
 - Sexual development
 - Reproductive health
 - Prevention of unplanned pregnancy
 - Prevention of STIs
- Seek supervisory consultation when needed

Further, with consideration to the child's age and case circumstances, assigned SSWs will:

- Provide, or facilitate, a dependent's receipt of comprehensive reproductive health education
- Coordinate a dependent's access to reproductive services, products, and treatment, if requested
- Address barriers to a dependent's access to reproductive education or services
- Confirm caregivers are complying with caregiver expectations (refer to appropriate licensing or approval agency/liaison as needed)
- Consult with and/or refer to Public Health Nurses (PHNs) and/or Orange County (OC) Health Care Agency (HCA) as needed for provision of services, referral information, etc.
- Consult with Department of Education (DOE) Foster Youth Services (FYS) as needed

See [Attachment 1—Reproductive Health Discussion and Intervention Tips](#) and CFS P&Ps [Child Health and Disability Prevention \(CHDP\) Program \(I-0203\)](#) and [HIV/AIDS Case Management \(D-0602\)](#).

Note: It is important youth and young adults learn about sexual development and reproductive health from an adult who has accurate and comprehensive information designed to aid the youth or young adult in making informed choices and decisions. See CFS Intranet [Community Resources for Pregnant and Parenting Teens](#).

Advisement of Rights

Dependents in Out-of-Home Care:

Pursuant to WIC § 16501.1(f), assigned SSWs will inform children and NMDs in out-of-home care of their personal rights specified in WIC § 16001.9 and provide a copy of *Foster Care Personal Rights (F063-25-758)* at least once every six months, at the time of a scheduled contact. One of the rights affords youth aged 12 and older access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections.

In addition, as authorized in WIC § 369(h), assigned SSWs will inform youth aged 12 and over of their right to consent to specified reproductive health related medical treatment delineated in FAM § 6925–6929 and CFS P&P [Medical Care Authorization \(I-0206\)](#). Per CFS policy, staff will provide youth aged 12–17 a copy of *Minor Consent Rights – Reproductive Health Medical Care (F063-25-760)*.

Assigned SSWs are encouraged to review medical care consent rights within a month of a child turning age 12 (or earlier if circumstances indicate a need) and at a subsequent frequency that coincides with the personal rights review (minimally every six months) or as often as needed for each child's needs.

Assigned SSWs will advise the parents of children and youth in out-of-home care of the rights afforded to minors indicated above, unless parental contact is prohibited by court order or the termination of parental rights.

Per California Department of Social Services (CDSS) All County Letter (ACL) 14-38, rights information will be provided in an age and developmentally appropriate manner that includes an explanation of the rights and addresses any questions or concerns in the dependent's primary language. If an assessment for interpretive services is needed, see CFS P&P [Client Rights \(B-0105\)](#).

Physical Custody with Parent:

For children and youth receiving case management services while in the care of their parents, assigned SSWs may inform the child/youth and parents of the minor consent rights provided in FAM § 6925–6929 and may, in consultation with the parents, facilitate access to reproductive health information or treatment.

Consent and Privacy

In accordance with WIC § 369(h), dependent minors may consent on their own (without parental, SSW, or Court approval) to specified medical treatment pursuant to FAM § 6920. The specific medical care, including reproductive health related care or treatments, a minor may consent to, as well as, any age restrictions are outlined in CFS P&P [Medical Care Authorization \(I-0206\)](#).

Per FAM § 6920-6929 and WIC § 303, children and NMDs are entitled to privacy concerning their reproductive health and medical care. Without the child's/NMD's written consent, a court order, or as allowed by California law and addressed in CFS P&P [Confidentiality—CFS Client Records \(F-0105\)](#), staff will not disclose private information regarding a child's or NMDs receipt of reproductive health care or treatment, pregnancy, or termination of pregnancy to any other party, including as applicable:

- Parents
- Caregivers
- Child's/NMDs attorney
- Expectant father/Intimate partner
- Juvenile Court
- Service providers

Child/NMD permissions to disclose reproductive health information (e.g., treatments, pregnancy, or termination of pregnancy, etc.) to any other party will be documented on *Authorization to Share Private Information (F063-25-759)*.

Note: As part of general case management and oversight responsibilities, assigned SSWs may share private information regarding children/NMDs on their caseload with their direct chain of command and necessary CFS medical personnel (e.g., PHNs, physicians, or assistants).

If abuse, neglect, sexual abuse, or exploitation is alleged or suspected, mandated reporter responsibilities apply as outlined in Penal Code (PEN) § 11165.7 and CFS P&P [Child Abuse Registry \(CAR\) \(M-0109\)](#).

If a child/NMD has not authorized disclosure/sharing of private reproductive health information in a situation where the assigned SSW determines a need (e.g., protection and health of child, placement safety or stability, access to health records, etc.), the SSW may encourage the child/NMD to consult with their attorney and may consider consulting with County Counsel. For guidance on acquiring protected health information, see CFS P&P [Acquisition of Health Care Information \(I-0404\)](#).

Pregnancy Options

Pregnancy (intended or unintended), pregnancy decisions, and the birth of a baby can be stressful and challenging for a dependent youth or NMD. It is the expectation that staff will respond in a supportive, objective, and professional manner to disclosures by youth/NMDs of possible pregnancy, pregnancy, or birth of a child whether from the involved female, male, or both parties.

Upon knowledge of a youth's/NMD's suspected or confirmed pregnancy or of childbirth, an assessment of the potential impact to the youth's/NMD's immediate safety, well-being, to include medical and emotional needs, and permanence is critical. Per CFS policy, the assigned SSW will:

- Engage youth/NMD in exploring options and desires (e.g., confirming pregnancy, parenting, adoption, termination); see [Attachment 2—Pregnant and Parenting Planning Considerations](#)
- Provide youth/NMD with information regarding PHN consultation, discuss benefits of PHN assistance, and encourage the acceptance of services
- Facilitate referral to PHN and/or other resources as indicated by youth's/NMD's agreement, request, and/or needs

Pregnant and Parenting Planning Conference (PPPC)

As indicated in WIC § 16002.5, holding a specialized and collaborative conference (e.g., PPPC) is the preferred forum in which to assist a youth/NMD with planning for healthy pregnancy and parenting outcomes, identifying appropriate resources and services, and preparing for a successful transition to independence.

Per CFS policy, SSWs will explain the purpose and benefits of PPPCs (see [Attachment 3—Pregnant and Parenting Planning Conferences](#)) and offer a conference to:

- Pregnant youth/NMDs that have chosen to continue with pregnancy and pursue parenting or adoption
- Parenting youth/NMDs

If a youth/NMD agrees to participate in a PPPC, assigned SSWs will promptly request a conference via the PPPC Scheduler as outlined in [Attachment 3—Pregnant and Parenting Planning Conferences](#).

Note: Youth/NMD participation is voluntary. However, assistance in identifying and accessing resources is not dependent on participation and remains a responsibility of the assigned SSW.

At a minimum, factors to assess in a PPPC (or independently with youth/NMD if a PPPC is declined) include:

A. **Emotional/Mental Health Care Needs:**

- Explore youth's/NMD's maturity, beliefs and attitudes about current circumstances and pregnancy in general
- Assess impact of youth's/NMD's mental health history or current condition (e.g., depression, psychotropic medication, etc.)
- Discuss precipitating events (e.g., sexual encounters, likely father or mother of the baby, intimate partner abuse or violence, etc.) to determine:
 - Medical, emotional, or placement needs
 - Need for filing a child abuse report, see CFS P&Ps [Sexual Abuse Allegations—Child Abuse Registry \(CAR\) \(A-0205\)](#) and [Child Abuse Services Team \(CAST\) \(A-0401\)](#)
- Provide counseling and/or education referrals, as indicated; link to mental health professional
- Identify relationships and support of family, expectant and/or co-parenting father, intimate partner, friends, etc.

B. **Medical/Health Care Needs:**

- Explore pregnancy and parenting options; arrange resources according to youth/NMD's preferences
- Promptly coordinate pregnancy testing or prenatal care, as applicable (youth)
- Educate on the importance of prenatal care, offer referrals, and, if requested, coordinate care (NMDs)
- Consult with and/or refer to PHN, as indicated

C. **Placement/Services Needs:**

- Determine how the youth's/NMD's current placement can meet immediate and permanency needs, to include providing an affirming and supportive environment

- Sustainability plan for adequate finances and resources (e.g., child care) to meet ongoing needs
- Linkage to appointed attorney or legal services regarding parental custody rights or related matters, as indicated
- Update case plan or transitional independent living case plan to reflect new needs, services, and placement, as indicated

See CFS Intranet [Community Resources for Pregnant and Parenting Teens](#).

Parenting Dependents

If a youth/NMD has decided to maintain parenting rights and responsibilities after birth, a vital focus becomes identifying the immediate needs of the infant and young family such as health care, housing, financial and other supportive assistance. **Note:** Per WIC § 300, the fact that a dependent gives birth is not, in and of itself, reason for CFS to intervene on behalf of the infant. See CFS Intranet [Community Resources for Pregnant and Parenting Teens](#).

Additional resources, as applicable, may include:

- [CalWORKS Pregnant Teen Services](#) (Cal-Learn Program); see [CFS P&P CalWORKS–CFS Collaboration \(D-0502\)](#)
- Orange County (OC) Health Care Agency [Adolescent Family Life Program](#) and [Breastfeeding Promotion and Support](#)
- CFS P&Ps [Developmental Screening Referrals \(I-0209\)](#) and [Substance Exposed Infants \(D-0605\)](#)

Supportive Efforts:

As indicated in WIC § 16002.5, efforts will be made to support and preserve families headed by dependent youth and NMDs. To the extent possible, parenting dependents will be provided with access to existing services for which they may be eligible that are specifically targeted at supporting, maintaining, and developing both the parent-child bond and the dependent parent's ability to provide a permanent and safe home for the child (e.g., child care, parenting classes, child development classes, and frequent visitation).

Other supportive efforts outlined in WIC § 16002.5 include:

- Advocating for dependent parents to attend school, complete homework, and participate in age and developmentally appropriate activities unrelated to and separate from parenting
- Reasonable effort to locate and provide access to school programs that provide onsite or coordinated child care, if

- needed
- Effort to establish paternity and provide equitable services and support to fathers
- Facilitation of contact between the child, custodial parent, and noncustodial parent if found to be in the best interest of the child, or per WIC § 362.1, the dependent parent

Placement Considerations:

WIC § 16004.5 encourages child welfare agencies to identify and utilize whole family placements and other placement models that provide supportive family focused care for dependents and their children, such as WFFHs. In addition, WIC § 11465 authorizes additional funding for dependent parents residing with their dependent or non-dependent children if specific criteria is met, one of which is a written parenting plan approved by the assigned SSW.

Per CFS policy, staff will attempt to locate and place dependent parents and their children together in as family-like environment as possible, unless it has been determined that placement together poses a risk to the child. See [Attachment 4—Dependent Parent Placements](#) and CFS P&P [Foster Care Rates \(H-0112\)](#).

**Out-of-County/
State**

For dependents placed out-of-county or out-of-state, CFS staff will make efforts to coordinate comparable reproductive health and parenting services afforded to dependents placed within OC. See CFS P&Ps:

- [Courtesy Supervision \(K-0501\)](#)
- [Interstate Compact on the Placement of Children \(K-0502\)](#)
- [Child Health and Disability Prevention Program \(I-0203\)](#)

**Healthy
Relationships**

One of the passages of adolescence is the development and understanding of sexuality, to include understanding one’s body, one’s SOGIE, and one’s values about sexual activity. During adolescence, many youth begin to explore their sexuality, engage in dating or relationships, and begin to be sexually active. For all youth, this can be a challenging transition, yet for youth and young adults in foster care, this transition can be particularly difficult, lonely, and threatening.

In effort to promote positive adolescent development and healthy relationships, assigned SSWs will provide, or arrange for, youth/NMDs to receive information that will help them protect their sexual health and well-being. Effective protective aids may include a general knowledge of:

- Adolescent sexual development stages; see [Attachment 1—Reproductive Health Discussion and Intervention Tips](#)
- Resources which offer culturally competent, comprehensive, medically accurate education on safe sex and healthy relationships
- Healthcare providers which offer thorough, safe, and SOGIE affirming treatment

Lesbian, Gay, Bisexual, Transgender (LGBT) or Questioning Youth:

Research indicates youth and young adults in foster care who are questioning their sexual orientation or who identify as being LGBT have a higher incidence than the general population and youth in foster care of:

- Multiple sexual partners
- Substance use during sex
- Survival sex
- Dating violence

Given these findings, it is vital that in addition to support and understanding, youth/NMDs which identify as LGBT or are questioning their sexual orientation receive:

- Linkage to groups and resources that can help the youth/NMD cope with isolation and fears and prevention of high-risk behaviors; see CFS Intranet [Community Resources for Pregnant and Parenting Teens](#)
- Access to social and recreational services and events consistent with their interests and geared toward the community in which they identify
- Adherence to WIC § 16001.9 personal rights by caregivers
- Advocacy for fair and equal access to available services, care and treatment, and benefits
- Privacy regarding their sexual orientation or gender identity information and that staff discuss any contemplated disclosure with the youth/NMD, giving careful consideration to the purpose and nature of any disclosure, as well as the potential consequences and benefits

Supervisory Oversight

Per CFS policy and as outlined in CFS P&P [Quality Assurance of Cases—Supervisory Responsibilities \(D-0304\)](#), supervisors will hold case conferences with each unit SSW to discuss case management activities pertinent to this policy, which may include:

- Ongoing assessment of placement meeting the youth's/NMD's safety, permanency, and well-being needs
- Case management barriers and possible solutions
- Use of relevant service providers and resources
- Documentation issues
- Contact verification

Documentation Per CDSS Manual of Policies and Procedures (MPP) Division 31-075, assigned SSWs will document case management activities regarding reproductive health, pregnancy and/or parenting in the Permanent Record. Documentation may include, yet not be limited to the following, as applicable:

- Discussions, advisements, consultations with youth/NMD, caregivers, supervisor, PHNs, service providers, etc.
- Private information shared with specified parties as authorized by youth/NMD
- Referrals provided
- PPC summary, including identification of participants

See CFS P&Ps:

- [Case Compliance Contacts and Documentation \(E-0105\)](#)
- [Referral and Case Filing \(E-0102\)](#)
- [Health and Education Passport \(I-0403\)](#)

Per WIC § 16002.5, complete and accurate data on parenting youth, parenting NMDs, as well as the number of children and whether the children are court dependents will be collected in Child Welfare Services/Case Management System (CWS/CMS). See [CWS/CMS Data Entry Standards—Special Project Code: Parenting Minors/NMDs](#).

REFERENCES

Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [Attachment 1—Reproductive Health Discussion and Intervention Tips](#)
- [Attachment 2—Pregnant and Parenting Planning Considerations](#)

- [Attachment 3—Pregnant and Parenting Planning Conferences](#)
 - [Attachment 4—Dependent Parent Placements](#)
 - [CWS/CMS Data Entry Standards—Special Project Code: Parenting Minors/NMDs](#)
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Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Case Compliance Contacts and Documentation \(E-0105\)](#)
 - CFS P&P [Extended Foster Care \(EFC\) \(J-0101\)](#)
 - CFS P&P [Medical Care Authorization \(I-0206\)](#)
 - CFS P&P [Client Rights \(B-0105\)](#)
 - CFS P&P [Child Health and Disability Prevention Program \(I-0203\)](#)
 - CFS P&P [HIV/AIDS Case Management \(D-0602\)](#)
 - CFS P&P [Health and Education Passport \(I-0403\)](#)
 - CFS P&P [Confidentiality—CFS Client Records \(F-0105\)](#)
 - CFS P&P [Child Abuse Registry \(CAR\) \(M-0109\)](#)
 - CFS P&P [Acquisition of Health Care Information \(I-0404\)](#)
 - CFS P&P [Sexual Abuse Allegations—Child Abuse Registry \(CAR\) \(A-0205\)](#)
 - CFS P&P [Child Abuse Services Team \(CAST\) \(A-0401\)](#)
 - CFS P&P [CalWORKs—CFS Collaboration \(D-0502\)](#)
 - CFS P&P [Developmental Screening Referrals \(I-0209\)](#)
 - CFS P&P [Substance Exposed Infants \(D-0605\)](#)
 - CFS P&P [Foster Care Rates \(H-0112\)](#)
 - CFS P&P [Courtesy Supervision \(K-0501\)](#)
 - CFS P&P [Interstate Compact on the Placement of Children \(K-0502\)](#)
 - CFS P&P [Quality Assurance of Cases—Supervisory Responsibilities \(D-0304\)](#)
 - CFS P&P [Referral and Case Filing \(E-0102\)](#)
 - CFS Intranet [Community Resources for Pregnant and Parenting Teens](#)
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Other Sources

Other printed references include the following:

None.

FORMS

Online Forms Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Foster Care Personal Rights	F063-25-758
Authorization to Share Private Information	F063-25-759
Minor Consent Rights – Reproductive Health Medical Care	F063-25-760

Hard Copy Forms Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. *For reference purposes only*, links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

CWS/CMS Forms Forms that may **only** be obtained in CWS/CMS are listed below. *For reference purposes only*, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
None.	

Brochures Brochures to distribute in conjunction with this policy may include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

Department of Social Services (CDSS) [All County Letter \(ACL\) 14-38](#) reminds counties of the responsibility to inform and educate foster children and NMDs, including those placed out-of- state, of their personal rights at least once every six months.

[CDSS MPP Division 31-075](#) outlines the requirements for child welfare case record documentation.

[Penal Code \(PEN\) Section \(§\) 11165.7](#) defines mandated reporters.

[PEN § 271.5](#) exempts a parent of a child 72 hours old or younger that surrenders the child to on duty personnel at a designated safe surrender site from prosecution for abandonment, desertion, and failure to provide.

[Family Code \(FAM\) §§ 6920–6929](#) outlines the conditions in which a minor may consent to medical treatment and the types of treatment.

[Welfare and Institutions Code \(WIC\) § 16500.1](#) outlines legislative goals for child welfare services and recommended approaches to child protection.

[WIC § 16501](#) defines “child welfare services” to include promoting and protecting the welfare of children, including homeless, dependent, or neglected children.

[WIC §16501.1](#) provides that at least once every six months, dependents are informed of their rights as foster child, as specified in Section 16001.9.

[WIC § 16521.5](#) outlines the responsibilities of caregivers regarding dependents in their care receive age-appropriate pregnancy prevention information.

[WIC § 16501.3](#) describes the purpose and duties of the foster care public health nursing program.

[WIC § 300](#) describes the conditions under which a child may be adjudicated a dependent of the Juvenile Court.

[WIC § 303](#) acknowledges a NMD shall retain all legal decision making authority as an adult.

[WIC § 362.1](#) provides considerations regarding visitation orders between children, parents, and siblings during reunification in order to maintain ties within the family.

[WIC § 369](#) provides authorization for social workers to inform a dependent child aged 12 and older of their right as a minor to consent to and receive health services and to provide access to information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted infections.

[WIC § 16001.9](#) lists the rights afforded to foster youth and NMDs.

[WIC § 16002.5](#) encourages child welfare agencies hold specialized conferences to assist pregnant and parenting dependents with identifying appropriate resources and services to inform case planning.

[WIC § 16004.5](#) encourages child welfare agencies to identify and utilize whole family placements.

[WIC § 11400](#) defines “whole family foster home.”

[WIC § 16501.25](#) defines “teen parent” and describes the purpose and elements of a written shared responsibility plan.

[WIC § 16501.26](#) defines “NMD parent” and describes the purpose and elements of a written parenting support plan.

[WIC § 16501.27](#) outlines the requirements for becoming an identified responsible adult to a NMD parent.

[WIC § 11465](#) describes funding options and criteria for a parenting dependents.

[Education Code \(EDC\) §§ 51933](#) and [51934](#) describe optional sexual health education and required HIV/AIDS prevention education for school districts.

American Academy of Pediatrics v Lungren 16 Cal 4th 307 (1997) held that minors’ privacy rights under the California Constitution (Article 1, § 1) are protected to the same extent as adults, to include the right to decide whether to continue or terminate a pregnancy and to keep their reproductive information confidential.