

Big Bend Community Based Care Policy & Procedure

Series:	500: Special Populations	
Policy Name:	Children Born to a Minor in Foster Care	
Policy Number:	502	
Origination Date:	03/09/2009	Revised: Board Meeting of 12/13/2018
Regulations:	65C-28.010, F.A.C. CFOP 170-1	

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to ensure that a minor child in foster care who becomes pregnant or becomes a parent while living in a foster home will be provided counseling to develop future plans.

Procedure

- A. When a DCM learns that a minor child placed in foster care is to give birth, referrals for prenatal care, mental health, and adoption counseling will be made.
- B. The case will be reported to the abuse registry and law enforcement if there is reason to suspect that the mother was impregnated as a result of a forceful act or by someone over the age of 18 years.
- C. It is the responsibility of law enforcement, working with the state attorney, to determine if a crime has been committed.
- D. If the mother decides to place the newborn for adoption, she will be referred by the DCM to a licensed child-placing agency for adoption planning.
- E. A request for a diligent search will be made to establish the newborn's paternity and to locate and involve the father in developing permanency plans.
- F. If the foster child to become a parent is the father, mental health and adoption counseling referrals will be made to assist the father in arriving at decisions involving support, parenting and/or adoption.
- G. If the mother decides to keep her newborn, or is uncertain, the mother and her newborn will be placed in the same foster home in order to strengthen attachment and provide the mother with the opportunity to learn child-caring skills from the foster mother.
- H. Every effort will be made to maintain the mother and newborn in the same foster home. When the mother's emotional or mental capacity to parent is in question, or the mother has a history involving acts of violence, the DCM will request a psychological evaluation of the mother to assess coping skills, mental health issues and abilities to parent.
- I. The results of the evaluation will determine if keeping the mother and newborn together is in the newborn's best interest.
- J. If the minor parent's child is not dependent, the cost of care for the child shall be included in the maintenance payment for the minor parent.

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- K.** The DCM will visit the home and conduct an assessment to determine the safety of the newborn in the home. A Staffing will convene that, at a minimum, will include the DCM, DCMS and CLS. The staffing will discuss:
 - 1. Whether or not the mother can be a safe and viable caregiver for the newborn;
 - 2. The potential effect the addition of the newborn may have on the family's current ability to handle stress;
 - 3. Whether the newborn needs to be sheltered;
 - 4. Needed changes to the current case plan.
- L.** The findings and recommendations in the evaluation will be considered along with other information known to the DCM, Children's Legal Services and BBCBC about the mother and her capacity to parent.
- M.** The staffing committee will recommend services, placement, visitation, and legal involvement for the mother and newborn.
- N.** All discussions and changes in documentation will be noted in FSFN.
- O.** If the DCM believes a voluntary placement agreement is appropriate, the case will be staffed with the Care Management Organization (CMO) Director.
 - 1. Voluntary services will not be offered without the express authorization of the CMO Director.
 - 2. The decision of the CMO Director is documented in the client's file (see documentation policy).
 - 3. If approved by the CMO Director, the DCM will make a referral to the IS to authorize and track the provision of voluntary services.
- P.** If the mother has not evidenced sufficient maturity and stability to provide for the newborn, as determined by the staffing committee, the DCM will discuss the possibility of a dependency petition.
 - 1. BBCBC will request that the newborn be placed with the mother in foster care unless it is determined not to be in the best interest of the newborn.
 - 2. If the newborn is not placed with the mother, a plan for visitation will be put in place immediately by the DCM, in accordance with the decisions and recommendations of the staffing committee.
- Q.** The signed Case Plan, developed with the mother, will focus on:
 - 1. School attendance;
 - 2. Skills training (including parenting classes, vocational training, money management, etc.);
 - 3. Counseling;
 - 4. Family planning and any other needed health services;
 - 5. Necessary medical and other services pertaining to the newborn;
 - 6. Addressing any judicial determinations made in regard to the mother and her newborn.
- R.** The goal of the case plan shall be determined through a staffing with the mother, her birth parents (unless termination of parental rights has occurred or it is not in the best interest of the mother) and foster parents, the guardian ad litem, if appointed, and any other parties deemed appropriate by the counselor or invited by the mother.
- S.** A report of the staffing shall be signed by all parties participating and placed in the case file.

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- T.** The new child shall also be registered on the Client Information System as a member of the family receiving services, and services pertaining to the new child shall be added to the case plan.
- U.** The newborn will be added to FSFN, as well as updating the notes as necessary.
- V.** The DCM will make a referral through Intake and Assessment and communicate with the Independent Living Coordinator to ensure that an Independent Living Assessment is completed on the mother and service needs identified in the assessment are provided to her.