Opening Remarks

Kimberly Waller,
Associate Commissioner of the Family and Youth Services Bureau

Introductions

- Introduce yourself in the chat

    - Name
    - Organization Name
    - Location

FYSB Family & Youth Services Bureau | Runaway and Homeless Youth Training & Technical Assistance Center

Regions

Region 1: VT, NH, ME, MA, RI, CT

Region 2: NY, NJ, Puerto Rico, Virgin Islands

Region 3: PA, WV, VA, MD, DC, DE

Region 4: GA, AL, SC, NC, KY, TN, MS, FL

Region 5: MN, IL, WI, OH, IN, MI

Region 6: NM, TX, OK, AR, LA

Region 7: MO, IA, NE, KS

Region 8: MT, ND, SD, WY, CO, UT

Region 9: CA, NV, AZ, HI, AS, Mariana, Micronesia, Guam, Palau, Marshall I

Region 10: AK, WA, OR ID

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Housekeeping Items

- Please ensure your microphones are muted throughout the presentation

- Most questions will be answered in the chat throughout the training

- After the training, participants will receive a Q&A document with all questions and answers provided

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Agenda

- Goal and Vision

- Legislative and Regulatory Requirements

- Important Definitions

- Project Requirements

- Administrative and National Policy Requirements

- Reporting

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Project Goal and Vision

Goal

The primary goal of the MGH is to promote long-term, economic independence and stability to ensure the well-being of youth and young families through supportive services.

Vision

Successfully transition pregnant and parenting youth who are experiencing homelessness into adulthood through the promotion of self-sufficient living, financial independence and the prevention of housing instability.

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Legislative Authority & Program Purpose

Congress created the Transitional Living Program (TLP) for Older Homeless Youth as amendments to the RHY Act in 1988. FYSB funds the Maternity Group Home (MGH) Program as part of the TLP, under the provisions of the Reconnecting Homeless Youth Act of 2008 (Public Law 110-378).

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RHY Rule

On December 20, 2016, FYSB published a rule (45 CFR Part § 1351) to improve performance standards and program requirements for runaway and homeless youth programs. This rule builds upon FYSB's existing policies and guidance to better support runaway and homeless youth by strengthening training and professional development for service providers, defining safe and appropriate exits from homelessness, requiring aftercare planning that covers at least 3 months for all youth exiting programs, and improving non-discrimination protections for youth. The rule also clarifies statutory changes made to the RHY Act of 2008. All RHY grantees must comply with the requirements in the rule.

Important Maternity Group Home Definitions

Important MGH Definitions

MATERNITY GROUP HOME: A community-based adult-supervised transitional living arrangement where client oversight is provided on site or on-call 24 hours a day and that provides pregnant or parenting youth, young adults, and their children with a supportive environment in which to learn parenting skills, including child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence and ensure the well-being of their children. (45 CFR § 1351.1)

TRANSITIONAL LIVING YOUTH PROJECT: A project that provides safe and stable shelter and an array of supportive services designed to promote a transition to self-sufficient living and to prevent long-term dependency on social services. (Section 387(7) of the RHY Act, 34 U.S.C. § 11279(7))

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Important MGH Definitions

HOMELESS YOUTH: An individual less than 21 years of age or, in the case of a youth seeking shelter in a basic center under part A (section 387(3)(a)) of the RHY Act, less than 18 years of age or less than a higher maximum age if the state where the center is located has an applicable state or local law (including a regulation) that permits such higher maximum age in compliance with licensure requirements for child and youth-serving facilities; and for the purposes of part B (section 387(3)(A)(ii) of the RHY Act, not less than 16 years of age and either less than 22 years of age, or not less than 22 years of age, as the expiration of the maximum period of stay permitted under section 322(a)(2) if such individual commences such stay before reaching 22 years of age; for whom it is not possible to live in a safe environment with a relative; and who has no other safe alternative living arrangement. (Section 387(3) RHY Act, 34 U.S.C. § 11279)

Important MGH Definitions

CLIENT: A runaway, homeless, or street youth/young adult, or a youth/young adult at risk of running away or becoming homeless, who is served by a program grantee. (45 CFR § 1351.1)

SERVICES: Include a comprehensive youth-centered service model with a holistic approach to addressing the unique needs of runaway and homeless youth, young adults, and their young families. Components of the model include access to shelter, safe and stable housing, gateway services, assessment, coordinated case management, follow-up/aftercare services, and continuum service linkages. Runaway and homeless youth must also receive information and counseling services in basic life skills, which shall include money management, budgeting, consumer education, and use of credit, parenting skills (as appropriate), interpersonal skill building, educational advancement, job attainment skills, and mental and physical health care.

Important MGH Definitions

HEALTH CARE SERVICES: Physical, mental, behavioral, and dental health services. This includes services provided to runaway and homeless youth/young adults and in the case of MGH Programs also includes services provided to pregnant youth and their child(ren). Where applicable and allowable within a program, this includes information on appropriate health related services provided to family or household members of the client. Any treatment or referral to treatment that aims to change someone's sexual orientation, gender identity or gender expression is prohibited. (45 CFR § 1351.1)

Important MGH Definitions

SCREENING AND ASSESSMENT: Valid and reliable standardized instruments and practices used to identify each youth/young adult's individual strengths and needs across multiple aspects of health, well-being, and behavior in order to inform appropriate service decisions and provide a baseline for monitoring outcomes over time. Screening involves abbreviated instruments, for example with trauma and health problems that indicate certain youth for more thorough diagnostic assessments and service needs. Assessment, which is used here to mean assessment more broadly than for the purposes of diagnosis, involves evaluating multiple aspects of social, emotional, and behavioral competencies and functioning in order to inform service decisions and monitor outcomes. (45 CFR § 1351.1)

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Important MGH Definitions

HOST FAMILY HOME: A family or single adult home or domicile that provides safe and stable housing to a homeless youth/young adult. (45 CFR § 1351.1)

Aftercare: The act of assessing client progress after the client has received safety and resource referrals.

Project Requirements

Project Requirements

1. Safe, Stable, and Appropriate Shelter

2. Comprehensive Youth-Centered Services Model

3. Sustainability Plan

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Safe, Stable, and Appropriate Shelter

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Safe, Stable, and Appropriate Shelter

MGH Projects must provide a transitional living arrangement for pregnant and/or parenting youth ages 16 to 21 who are experiencing homelessness and their children for up to 540 consecutive days, with some exceptions (youth and their children).

MGH Projects must have linkage with a youth emergency shelter that can accommodate a youth in circumstances when there are no current MGH openings.

Safe, Stable, and Appropriate Shelter

MGH housing facilities must have a ratio of staff to youth that is sufficient to ensure all youth and their dependent children receive adequate supervision and services.

Individual facilities must have the capacity to accommodate at least four and no more than 20 individuals (including youth and their children, but excluding staff).

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Safe, Stable, and Appropriate Shelter

An MGH site can be a single site with multiple clients, a host home for a youth and their child, or individual scattered sites with a provided supervision plan.

Each youth and infant/child must have their own bed in parent's room.

Safe, Stable, and Appropriate Shelter

Youth must be engaged in educational advancement, job attainment skills, or work activities while in the program.

Each MGH Project must ensure youth have safe and appropriate exits when leaving the program.

Comprehensive Youth-Centered Services Model

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Comprehensive Youth-Centered Services Model

Social and emotional well-being and strength-based approach

The MGH Program utilizes a trauma-informed approach and a Positive Youth Development (PYD) framework.

Trauma Informed Care Resources

PYD Resources

Comprehensive Youth-Centered Services Model

Outreach Implementation Strategy

Conduct Outreach : MGH Projects must find pregnant and/or parenting runaway, homeless, street youth, or youth at-risk of becoming runaway or homeless.

Education and Awareness: MGH projects inform the community about, and encourage the use of, MGH services.

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Comprehensive Youth-Centered Services Model

Youth engagement and collaboration: MGH projects must engage youth with lived expertise to assist in locating youth; developing youth-centered services and outreach strategies that are individualized to meet the youth's needs; and ensures education and awareness strategies are grounded in youth voice and collaboration.

Provision of Basic Needs & Gateway Services: Projects must provide food, drink, clothing, personal safety information, transportation, and hygiene products.

Comprehensive Youth-Centered Services Model

Screening and Assessment: The MGH program must have a standardized method to assess youths' eligibility for the program, as well as to identify the immediate needs of the clients.

[RHY Screening and Assessment Toolkit](#)

Comprehensive Youth-Centered Services Model

Case Management

- Projects must provide intensive case management focused on the needs of the client and their dependent children.

  - Required elements:
  - Individualized Service or Treatment Plan
  - Record Keeping and Case management for Infants and Toddlers
  - Service Coordination Plan
  - Child Care Plan
  - Transitional Living Plan
  - Aftercare Services

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Documentation Spotlight: Starting Out Right for Homeless Parenting Youth Program (SORHPYP)
A program of Arizona Youth Partnership

***Record Keeping and Case Management
for Infants and Toddlers***

Tawnee Johnson
Youth and Family Educator, Case Manager

Laura Pedersen
Chief Initiatives Officer, SOR Project Director

Collect

- Child documents including intake info, consents and reports

These documents are scanned and saved electronically. All hard copies/originals are kept in a locked filing cabinet

SOR Starting Out Right

Starting Out Right Homeless Parenting Youth Program

Child File

Item	Date Received	Date Updated	Date Scanned to OneDrive	CM Initials
Completed Child Intake Information				
AZYP SOR HPYP HIPAA Consent				
Child Personal Inventory				
Completed DCS Reports (if obtained)				
Completed ASQ/ASQ-SE screening documents		Updated Dates on program log	X	

Child documents are scanned to their parent's folder using their parent CID plus "Child" and the name of the file (Example: 12345Child_HIPAA)

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Maintain

- Child documents via the Child Visit File and update as appropriate

These forms completed immediately upon enrollment; During hospital visit especially if the youth and child need to be transported from hospital to HH

SOR
Starting Out Right

AZYP
Arizona Youth Partnership

Child Visit File

Item	Date Received	Date Updated	Date Scanned to OneDrive	CM Initials
Original, signed parent consent (medical/transportation)				
Child Program Log (scanned/sent quarterly)		Updated dates on program log		
Most recent completed ASQ/ASQ-SE screening		Updated dates on program log		
Discharge planning and summary		Updated on document		

Child documents are scanned to their parent's folder using their parent CID plus "Child" and the name of the file (Example: 12345Child_HIPAA)

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Record

- Dates of Services Provided via Child Program Log

Comprehensive Youth-Centered Services Model

Case Management Continued

Aftercare Services Strategy: The final required element of Case Management is the development of aftercare plans. Projects must ensure all youth safely exit and maintain ongoing contact for at least three months. The plan is provided at exit counseling or before, and outlines services provided, including appropriate referrals for health care services, counseling, education, and insurance coverage.

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Aftercare Spotlight: The Bridge for Youth

Mission: The Bridge for Youth centers youth voice, justice, and equity in all we do, and empowers youth experiencing homelessness through safe shelter, basic needs, and healthy relationships.

Vision: All youth feel safe, accepted and supported.

Programs: Call/text line for youth, Emergency Shelter - Resilience House + Gloria's Place, Marlene's Place, Rita's House, and Street/Site/Mobile Outreach.

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The Bridge for Youth: Marlene's Place

Marlene's Place provides transitional housing for pregnant/parenting youth (ages 16-19) and their children (ages 0-3) experiencing homelessness; case management; access to onsite physical/oral/mental healthcare; parenting education; independent living skills and resources and referrals.

Comprehensive Youth-Centered Services Model

MGH Projects must provide the following to promote their long-term economic independence in order to ensure the well-being of their children:

Child Screening/Assessment Tools: MGH Projects should implement screening/assessment tools to monitor the youth's child(ren)'s development.

Child Care Plan: The program must link youth to safe, affordable, and accessible child-care and early childhood development services so that the youth can complete education and employment goals.

Comprehensive Youth-Centered Services Model

Parenting Skills: MGH Projects Must promote positive, parenting practices, opportunities for families to engage in activities that promote positive, parent-child bonding and other interactions, and support to address parenting challenges and barriers.

- Head Start – Parenting

Child Development: Projects must educate clients on observing and assessing child development areas

- Childcare.Gov - Tracking Your Child's Development
- CDC's Developmental Milestones

Comprehensive Youth-Centered Services Model

Long-Term Economic Independence Components Continued

Family Budgeting: The program must assist clients to learn about credit, household budgeting, banking, and home ownership.

Health and Nutrition: MGH Projects must ensure youth receive consistent pre-natal care, infants receive well-baby exams and immunizations, as well as facilitating instruction on healthy meal planning and grocery shopping.

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Comprehensive Youth-Centered Services Model

Parenting curricula: MGH Projects will utilize an evidence-based parenting curricula and materials to assist in improving parent and child outcomes and forming positive parent-child attachment.

- [Head Start – School Readiness](#)

Parenting Curriculum & Child Assessment Spotlight:
Waking the Village - Honoring our Young Parents and their Children

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Waking the Village's MGH

- Opened MLK Day 2003
- Young parents and children live in community in big houses
- Prevention and Intervention team helm outreach and aftercare
- The Creation District, our 7000 square-foot arts and wellness center with recording studio, attracts youth to service connections and scaffolds long term aftercare
- Three licensed preschools provide free care (and generate income)
- Youth employment cohorts center on careers in early childhood education and the arts
- 6 to 1 case management ratio
- Each youth connected to in-house wellness counselor, employment coach, case manager, parenting coach, and live-in house director
- Daily program from 9 to 4offers range of high-interest engagements

"You are always someone's favorite unfolding story."

Ann Patchett

WAKING THE VILLAGE

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Trauma Informed Intake of Parents and their Children

- Intakes are conversational rather than questionnaires being completed.
- Intake celebrates strengths and sees the whole child and whole parent.
- Allows parents to introduce their child and share their parenting journey.
- Opens up the initial dialog on parenting styles and approaches.

- Honors parent choice and recognizes that decisions on discipline, feeding, sleeping, dressing, and raising children have a cultural lens.
- Reminds parents that milestones happen in windows of time and that later development does not correlate to lowered intelligence.
- Ensures information is shared with relevant staff and put to use to create optimal supports and environment for each child and parent.

Questions on our Child Intake

- Tell us about the day your child was born.

- What are some of your child's favorite activities?

- Who are people your child loves and derives comfort from?

- Tell us about your child's daily rhythms for meals, bathing, and sleep?

- Does your family co-sleep or does your child sleep in their own bed?

- How does your child learn to trust to new people?

- What are some ways you can sooth your child when they are sad? angry?

- Tell about your child's personality.

- What are your child's favorite meals?

- What are your thoughts on responding to a toddler having a tantrum?

- What's an experience your like to plan with your child this month?

Elements of Trauma Informed Assessment of Children

- Assessment is not done during the initial transition into housing.

- Assessment is approached as observations over time rather than questionnaires or one-time snapshots of behavior.

- Children are observed in a range of activities and time frames.

- Children are observed in spaces they feel safe and secure so that we aren't witnessing a stress response.

- Adjustments to sleep or eating patterns are made to rule out factors that may be underlying behavior that are not related to child's cognitive, motor, or emotional development.

- Enrichments are offered to ensure concerns about delayed development are not instead due to lack of exposure or engagement.

- **A highly reactive stress response is expected in children leaving homelessness and violence. It's important to tease apart development and stress regulation.**

Tell me, what is it you plan to do with your one wild and precious life?

MARY OLIVER

WAKING THE VILLAGE

Curriculum to Hone the Art of Parenting

- Ensure curriculum notices and celebrates what parents are doing well.

- Create workshops and activities that respond to immediate and relevant parenting challenges.

- Use art as a medium to open dialog about parenting as parents scrapbook, photograph, plaster cast, write poetry, or record lullabies.

- Avoid using one curriculum or one school of thought. Experts are everywhere.

- Brazelton's Touchpoints work is fantastic and a reminder that development is not upward and linear.

- Teach about attachment and the different types of attachment. Have parents consider their attachments with their own parents, and make decisions about the attachments they want.

- Play is learning. Help parents develop a repertoire of play and explain how it develops motor skills, emotional regulation, social interactions skills, and cognitive pathways for future learning.

- Talk about developmental theories to help parents contextualize common behaviors and engage in considering how they lead to trust, initiative, and autonomy.

- **STUFF in info less. DIALOG more.**

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Decolonize Your Parenting Curriculum

- Make sure leaders and experts reflect cultures of your parents and have experience parenting.

- Everything from discipline to co-sleeping to how children are fed relates to how culture is passed from one generation to another.

- Name how our systems have hurt BIPOC and LGBTQ+ communities. Open up dialog to improve your agency and neighborhoods, and support young parents as changemakers.

- Teach young parents how to confront racism, sexism, classism, homophobia, and transphobia.

- Connect pregnant youth to doulas who reflect and deepen cultural traditions around birth and parenting.

- Get rid of language on your intakes that presumes parents are cisgendered and straight (such as mother and father).

- Help parents find points of connection to parenting supports that reflect their culture.

- Have brave conversations around race as young parents talk about raising children from multiple races and ethnicities.

- Talk about the intergenerational trauma resulting from injustice, and how that has shaped parenting and attachments.

- Blend your sub-populations! Communities are enriched by diversity.

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Fewer worksheets. More play.

Developing Parenting Skills in One-on-One Sessions

- Have immediate, in-house people to support new parents as they struggle with breastfeeding and parenting newborns.

- Sportscasting is an impactful technique for helping parents understanding the why of children's behavior. It teaches parents and staff to observe and notice.

- Many parents and staff need to learn how to play with children, especially with infants.

- Use a team approach to helping parents address challenging behaviors by breaking change into small steps and ensuring consistency across all people who engage with child.

- Making baby food, packing healthy lunches, and meal making together is far more impactful than a food pyramid worksheet.
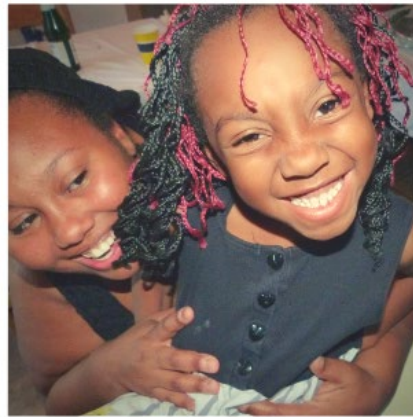
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"WE ARE THE ONES WE HAVE BEEN WAITING FOR."

-JUNE JORDAN

WAKING THE VILLAGE

rise and shine

Great services for children and parents center on unfolding strengths and wisdom, honoring journeys, and creating space for community and a fierce parent and child bond to root.

MGH Performance Standards

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Performance Standards

The RHY Rule (45 CFR Part 1350) establishes RHY Program Performance Standards as measures of successful outcomes for youth. The Performance Standards are used to monitor project performance in achieving the purposes of the RHY Act.

Projects collect and report on data via the Runaway and Homeless Youth – Homeless Management Information System (RHY-HMIS) and the Performance Progress Reports on data standards

Performance Standards

Indicators of improvements include, but are not limited to:

Social and Emotional Well-Being:

Youth will be connected to trauma-informed system of care providers to assist and promote positive physical health, substance abuse treatment, mental health, and personal safety (e.g., identify potential trafficking situations), and reduce sexual risk behaviors they may face.

Standard: Recipients will enhance outcomes for youth/young adults and their child(ren) in the core area of social and emotional well- being.

Measure: The average composite score of general health, mental health, and dental health status will be lower at exit from an MGH than at entry.

Performance Standards

Permanent Connections:

Pregnant and/or parenting youth will experience positive ongoing attachments to families, communities, schools, and other social networks.

Standard: Recipients enhance outcomes for youth/young adults in the core area of permanent connections.

Measure: Report the percentage of youth/young adults upon exiting the MGH who report that there at least one adult in their life, other than RHY program staff, to whom they can go for advice or emotional support.

Performance Standards

Education or Employment:

Youth will connect to school or vocational training programs, improve interviewing and job attainment skills; and obtain and maintain employment.

Standard: Recipients will enhance outcomes for youth/young adults and their child(ren) in the core areas of education or employment.

Measure: 66% of youth/young adults leaving a MGH will be attending school or have graduated from high school or obtained a GED, and 75% will be employed or looking for work.

Performance Standards

Safe and Stable Housing:

Youth will transition to safe and stable housing that appropriately matches their level of need after leaving an MGH to include moving in with family, when appropriate, or other permanent supportive housing, residential treatment center, or substance abuse treatment facility.

Standard: Recipients will enhance outcomes for youth/young adults and their child(ren) in the core area of stable housing and ensure that youth/young adults have safe and appropriate exits when leaving the program.

Measure: 90% of youth/young adults and their young families leaving an MGH must exit to a safe and stable destination. Recipients must report the type of destination for each youth/young adult who exits an MGH.

Sustainability Plan

Sustainability Plan

- Successful MGH projects plan for project sustainability from the beginning of the project design then revisit and revise the plan throughout the life of the project. These plans include the following:

- Sustainability through diversification of funding to continue services in the event of a loss of FYSB funding, as well as plans to address staff retention and staff turnover;

- Accountability in meeting FYSB's MGH performance standards; and

- Collaboration through building meaningful partnerships with other service agencies including experts on runaway and homeless youth in the community.

Administrative and National Policy Requirements

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Administrative and National Policy Requirements

Background checks

All RHY grant recipients must conduct background checks on all employees, contractors, volunteers, and consultants who have regular and unsupervised private contact with youth served by the organization, and on all adults who reside in or operate host homes, beginning on October 1, 2017.

Required background checks include state or tribal criminal history records, including fingerprint checks; sex offender registry check; and any other checks required by state law; and to the extent the project is able to, the plan should include Federal Bureau of Investigation (FBI) criminal history records, including fingerprint checks and child abuse and neglect registry checks.

Administrative and National Policy Requirements

Emergency preparedness plan

All projects must conduct routine preventative maintenance of facilities as well as have preparedness, response, and recovery plans in place in the event of natural disasters.

Licensing requirement

Projects ensure all shelters are licensed and any shelter to which the project regularly refers clients to have evidence of current licensure, in states or localities with licensure requirements.

Failure to adhere to licensing requirements outlined in 45 CFR 1351.23(h) may result in disallowance of federal funds.

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Administrative and National Policy Requirements

Training plan

All paid staff and volunteers must be trained on the ***Core Competencies of Youth Workers*** necessary to carry out the objectives and activities of the project.

Training topics must include, but are not limited to, PYD, trauma-informed care, evidence-informed practices and approaches, street outreach intervention, combatting human trafficking and sexual exploitation, harm reduction, assessment and case management, worker safety, understanding the diversity and culture of life on the street, safe and ethical practices, and community resources for well-being and self-sufficiency.

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Administrative and National Policy Requirements

Technical assistance, monitoring, and short-term training

All RHY grant recipients must participate in technical assistance, monitoring, and short-term training as recommended by federal staff to ensure quality programming and implementation to allow flexibility in which techniques will be used.

Training and technical assistance is free through Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC).

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Administrative and National Policy Requirements

Confidentiality

No records containing the identity of individual youth, including, but not limited to, lists of names, addresses, photographs, or records of evaluation of individuals served by a RHY project, may be disclosed or transferred to any individual or to any public or private agency, except for the purpose of research, evaluation, and statistical analysis.

These records are allowed to be based on individual data, but only if such data are de-identified in ways that preclude disclosing information on identifiable individuals. Youth served by a RHY project shall have the right to review their records to correct a record or file a statement of disagreement and to be apprised of the individuals who have reviewed their records.

Reporting

Data Collection & Reporting Requirements

RHY-HMIS & PPR

RHY grant recipients are legislatively required to keep adequate statistical records profiling the youth and families assisted. RHY-HMIS serves as the designated data collection system, enabling grantees to collect and transmit youth-level data to FYSB on a quarterly basis. Performance information not reported through RHY-HMIS must be submitted semi-annual Performance Progress Reports (PPR).

Grantees are required to work with other homeless service providers on data collection efforts, technical assistance provision, and to participate in service delivery coordination. RHY grantees may use FYSB grant funds to cover charges associated with CoC training and access to the RHY-HMIS software.

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Questions

Breakout Groups

You will be randomly assigned to a breakout room.
Please accept when prompted to join the discussion.

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Breakout Question #1

Maternity Group Homes (MGH) are required to offer parenting skills, child development education, and health and nutrition services. Additionally, MGH must link youth to safe, affordable, and accessible childcare, early childhood development services, and other early childhood development linkages such as early intervention agencies for child(ren) with suspected or identified delays or disabilities. By providing youth access to appropriate childcare and referral services, MGHs offer young parents an opportunity to attain their own education and employment goals.

What supports and referrals have you found helpful for collaboration with childcare? How have you developed those relationships? How have these collaborations helped the youth and young adults pursue education, employment, and other life skills goals?

Breakout Question #2

Maternity Group Homes (MGH) provide appropriate mental and medical health, prenatal care, well-baby exams, and immunizations. MGH programs offer instruction on preventative health measures, family planning, healthy diets, and meal planning. Additionally, MGHs link youth to safe, affordable, and accessible early childhood development services and other early childhood development linkages such as early intervention agencies for child(ren) with suspected or identified delays or disabilities. By providing youth access to appropriate childcare and referral services, MGHs offer young parents an opportunity to attain their own education and employment goals.

Child development is typically defined as a normal progression by which children change as they grow older by acquiring and refining knowledge, behaviors, and skills. Child development generally involves observing/assessing the following five specific areas: motor/physical, cognitive, social/emotional, communication/language, and self-help/adaptive.

What strategies does your organization practice for health and wellbeing for the pregnant and/or parenting youth, in terms of prenatal, perinatal, postnatal, and well-baby care? What evidence-based early childhood development practices are you using for the social and emotional development of the young children in your program?

Evaluation and Upcoming Events

Please complete the evaluation for this event. Select *Webinar or Virtual Training*, then select *"Maternity Group Home: RHY Program Specific Training Series, March 24, 2022"* from the dropdown menu:

- https://tinyurl.com/sc9dbcjw

Upcoming RHYTTAC Events:

- https://www.rhyttac.net/event-calendar

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Closing Remarks

Dr. Sanzanna Dean,
Director, Division of Runaway and Homeless Youth
Family and Youth Services Bureau