

KERN COUNTY RESOURCE FAMILIES ARE VALUED, RESPECTED, SUPPORTED, AND SKILLED PARTNERS AND ADVOCATES WHO:

- ★ Provide safe loving homes
- ★ Commit to the development and success of children and families
- ★ Encourage family connections and nurturing relationships
- ★ Maintain a lifelong connection to children whenever possible

FOSTER CARE OMBUDSMAN UPDATE

The Foster Care Ombudsman's role is to listen to your concerns, to document your complaints and suggestions, to remain neutral and objective and to keep information confidential.

Hello everyone,

Happy end-of-summer! I hope you had the opportunity to create wonderful summertime memories, I know I did.

This message will be short and informative. The Department is in the process of revising many of our recruitment, training, and other support programs to align with upcoming State regulations that apply to ALL, current, and prospective resource families.

In an effort to assist you with remaining connected, attached are documents, including an AB403 summary on **Foster youth: Continuum of Care Reform** and the **Questions to Ask about Medications** document from a recent All County Information Notice that addresses **Improving Safety For Children In Foster Care Receiving Psychotropic Medications**. The third document from the State issued in June 2015 is entitled: **QUALITY PARENTING INITIATIVE: PROMOTING NORMALCY AND ENSURING CARE SUPERVISION IN FOSTER CARE**. The Notice is included for your convenience as it addresses topics such as reasonable and prudent parent standards, personal rights, babysitting, alternative care, respite care, day care, and leaving a child in foster care alone.

Current resource families will be given transition time to meet the requirements and in July 2015 we began sharing some information on what you can do to better prepare yourself.

The amount of information is voluminous, but very informative and I encourage you to take a moment to review the attachments. As always, your feedback is appreciated and welcomed.

Thank you for your dedication in providing quality nurturing care of Kern's foster children.

Margarita Soza, (661) 631-6698

Caregivers of Kern County (CKC)

CKC would like to invite ALL resource Foster Families to join their support group. Their mission is "to assist all caregivers of foster/adopt/kinship children by offering our experience, support, training, understanding, and love. Our goal is to work closely with agencies, each other, and community partners to meet the needs of caregivers and to assist in better outcomes for these children and families." See the information flyer attached. Check out the NEW LOOK of the Newsletter available at:

http://www.smilebox.com/play/4e4449344e446b324d54633d0d0a&blogview=true&campaign=blog_playback_link&partner=msn2

ANNOUNCEMENTS FOR ALL CAREGIVERS:

School Attendance Awareness Month is August 20th through September 20th!! Some of the outreach materials, developed by the Coalition are attached. During the month the Coalition will hold a news conference (date TBA). Look for the Public Service Announcements (PSA) on local TV channels and Letters to the Editor (from community leaders) in your local newspaper. The Department will also post the materials on the DHS website: www.kcdhs.org. Additional outreach activities for our Resource Foster Families are also planned.

Federal Care Reviews: You recently received a letter informing you of the new federal child welfare case review process being implemented by all counties in California. As a former or current care provider of a court dependent minor, you may be asked to participate in the case review process. Interviews have already begun and may take place in family or caregiver homes county offices or other neutral locations. For questions please call the child welfare case review at (661) 631-6678

The Kern County Treatment Foster Care Oregon program (Formerly MTFC) is looking for foster parents who are willing and able to provide a stable home for children who have significant behavioral problems which have jeopardized their placements in the past. KCTFCO is a strengths-based program that provides specialized training and increased support from social workers and mental health partners. In this program, the caretaker and the child work closely with a social worker and the child's mental health team. Caretakers will provide feedback about the child's behavior each week, attend a brief, weekly meeting with other KCTFCO foster parents, and will receive the highest specialized care increment for the child while the child is in the program. Children are able to earn incentives from their team for improved behavior. These special children are screened from the program with the goal in mind of reunifying them with either their parents or someone else important in their lives and KCFCO is typically a 6 to 12 month program. If you are interested or would like more information about the program, please contact Cindi Lane-Pompa at 661-868-8322 or Vija Turjanis at 661-868-8343.

Ideas for Parents is a short newsletter forwarded to you courtesy of KERN Stop Meth NOW Coalition! This newsletter is a tool of engagement to share with the people that we serve to promote positive strategies to strengthen families. It is available in both English and Spanish. The topic this month is "Powerful Parenting: The Asset-building Way":

The average person may think of financial means when thinking about the word "assets." In the context of this newsletter you will come to understand "Developmental Assets" as valuable resources that make it more likely for your people to succeed in many aspects of life. (continued page 2)

ANNOUNCEMENTS FOR ALL CAREGIVERS, Cont....

Developmental assets are a set of 40 values, experiences, relationships and qualities that bring many benefits to those who have them. Rate your child and find out how many assets are already present and which you have the opportunity to build on.

Take a moment to review it and let us know if you would like to continue to receive it in this mailer.

A NOTE ABOUT...

Foster & Kinship Care Education Program

Many of you are already aware that Mary Halberg, a long time Program Manager of the Bakersfield College Foster & Kinship Care Education Program (F&KCEP) recently retired. We wish Mary the best in her retirement.

Bakersfield College is in the process of hiring a new manager for F&KCEP. Tuesday evening course schedule will be released once finalized by the new manager. For caregivers needing training hours, you are encouraged to continue to check the BC website for new postings http://www2.bc.cc.ca.us/cdt/Foster_Kinship/foster_kin.html Or call the BC Registration Line (661) 319-1836 for additional information.

Pass Along Cards

Call for your deck of cards and begin referring your family, friends and neighbors to become a licensed Resource Foster Family. The cards have Orientation information and a space for your name/phone number, which can be used to begin a mentorship connection. \$50 Incentives are available for each qualifying referral submitted that results in an approved foster care license. Call The Foster Parent Recruitment at (661) 631-6698 for details

Kinship Support Services Program (KSSP)

KSSP (Kinship Support Services Program): Henrietta Weill Memorial Child Guidance Clinic provides support services to relative and non-related extended family members (NREFM) caregivers of court dependent and non-court dependent children. Services include counseling and referral, case management, support groups for caregivers, family and children's activities and tutoring. Monthly activities include Kids Night, Teen Night and Family Night functions. Access services at 3628 Stockdale Hwy or 2001 North Chester offices or by calling (661) 393-5836.

MOVING? OR, RECENTLY MOVED?

Relatives and Non-related Extended Family Members MUST report new address information to the child social worker immediately upon moving, or preferably, prior to the move. A delay may adversely affect home approval and foster care payment eligibility.

Licensed Foster Parents must report ALL change of address to licensing as soon as possible. Failure to do so can

lead to violation of Title 22, Operation without a License 89206, and you could be cited. Not reporting can also lead to possible removal of children if the home does not pass the home inspection visit and may also result in a delay in foster care payment. Our goal is to assure you are provided with current and accurate information about our services and point of contact numbers.

PLAIN TALK FOR LICENSED HOMES:

Welcome Alfonso Espinoza

Alfonso is the NEWEST member of the Foster Care Licensing Unit. He is License Program Analyst (LPA) responsible for cases for merely assigned to Cynthia Poettgen (who retired in May). He can be reached at (661) 631-6853.

Did You Become A Licensed Foster Home for sole purpose of adopting a child in foster care? Do you have an Approved Adoptions Home Study? *The Department would like to inform you that a completed Adoption Home Study is required before a foster-adopt placement is made. Call the Adoptions Worker of the Day at (661) 868-8900 for more information.*

Respite Care Homes Needed

Please contact your Licensing Program Analyst (LPA) or Foster Care Ombudsman, Margarita Soza at (661) 631-6698 to be added to the Respite Care Provider List.

Licensed Foster Parents Needed for Specialty

Care: The Department is actively recruiting county licensed foster parents to meet the growing needs of our foster children. Please contact your Licensing Program Analyst if you have room in your home and a heart to care for and love children who:

- Need Emergency Foster Home placement
- Are Medically fragile or have specialized medical needs
- Have severe emotional/behavioral challenges
- Qualify for MTFC
- Are part of a large sibling groups
- Are pregnant or parenting teens
- Are AB12 youth
- Are victims of human trafficking.

Specialized training and support will be provided, as needed.

NOTE FROM RDS:

The Resource, Development and Support (RDS) committee's goal is to make this newsletter something that ALL foster caregivers find informative, interesting and useful. If you are interested in submitting an article, or have suggestions on making the newsletter better, please contact Margarita Soza at 661-631-6698 or email at sozam@co.kern.ca.us



Foster & Kinship Care Trainings

September 2015-December 2015

ALL foster, relative and non-relative extended family member caregivers are welcome to participate in trainings offered by Bakersfield College as part of the Foster & Kinship Care Education & Training Program.

Licensed Foster Parents: There are **five (5)** ways you can complete your required 8 hours of yearly training.

You can attend one of the following training options:

- Attend a training offered by Bakersfield College Foster & Kinship Care Education & Training Program
- Complete a Self-Test
- Complete Online Classes
- Attend the Caregivers of Kern County (CKC) Meetings
- Attend the Parent Project Training

******REMINDER:** After each training, you must submit a certificate of completion to your Licensing Analyst.

(#1) BAKERSFIELD COLLEGE F&KCE PROGRAM & TRAINING

Pre-Register: (661) 319-1836

Child Care: No child care provided.

The training schedule is available at www2.bakersfieldcollege.edu/cdt/ (click on Foster and Kinship Care Program)

TUESDAY EVENING TRAINING

LOCATION: TBA

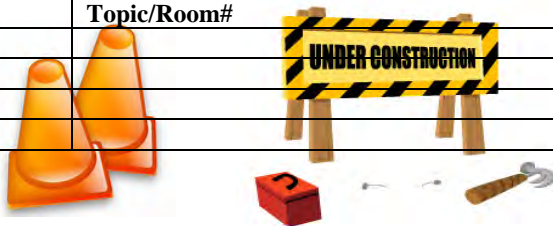
Date	Time	Topic/Room#



SEVERE EMOTIONAL/BEHAVIORAL TRAINING

LOCATION: TBA

Date	Time	Topic/Room#



SATURDAY TRAINING-WHOLE FAMILY TRAINING

LOCATION: Weill Institute, 2100 Chester Ave, Room #102, Bakersfield, CA 93301

Date	Time	Topic
TO BE ANNOUNCED		

PRIDE PRE-ADOPT TRAINING

LOCATION: Kern County Department of Human Services Prevention and Community Partnerships Building- Community Room
(Corner of Butte St. and Tulare St.)

PRIDE PRE-Adopt is now part of the PRIDE training. Sessions 3, 6 and 9 will fulfill PRIDE PRE-ADOPT 8 hour training.

Date	Time	Topic
9/08/15	6:00 pm-9:00 pm	Session 3: Meeting the Developmental Needs-Attachment
9/15/15	6:00 pm-9:00 pm	Session 6: Meeting the Developmental Needs- Discipline
9/23/15	6:00 pm-9:00 pm	Session 9: Taking PRIDE-Making an Informed Decision/Title 22 Regulations
***ALSO AVAILABLE IN RIDGECREST		
10/05/15	6:00 pm-9:00 pm	Session 3: Meeting the Developmental Needs-Attachment
10/13/15	6:00 pm-9:00 pm	Session 6: Meeting the Developmental Needs- Discipline
10/21/15	6:00 pm-9:00 pm	Session 9: Taking PRIDE-Making an Informed Decision/Title 22 Regulations
***SPANISH TRANSLATION AVAILABLE		
11/02/15	6:00 pm-9:00 pm	Session 3: Meeting the Developmental Needs-Attachment
11/10/15	6:00 pm-9:00 pm	Session 6: Meeting the Developmental Needs- Discipline
11/18/15	6:00 pm-9:00 pm	Session 9: Taking PRIDE-Making an Informed Decision/Title 22 Regulations
12/05/15	1:00 pm-4:00 pm	Session 3: Meeting the Developmental Needs-Attachment
12/12/15	9:00 am-1:00 pm	Session 6: Meeting the Developmental Needs- Discipline
12/13/15	1:00 pm-4:00 pm	Session 9: Taking PRIDE-Making an Informed Decision/Title 22 Regulations
***ALSO AVAILABLE IN RIDGECREST/SPANISH TRANSLATION AVAILABLE AT BAKERSFIELD SITE		

(#2) SELF TEST

Self-tests are available by foster parents request. You may use 4 (four) of these each year for part of your eight hours. Keep a copy for your records and after completing the test mail to your licensing analyst.

(#3) ONLINE CLASSES

You can visit three websites that offer caregiver classes. You will find a variety of topics to meet your needs. For a nominal fee (caregiver responsibility for fee payment), you can go on their website, chose a topic of interest and read about it. After you take and pass a short test you can download a certificate of completion. The websites are:

1. www.fosterparents.com
2. www.fosterparentcollege.com
3. www.pierce.ctc.edu/distance/ofpe

(#4) CAREGIVERS OF KERN COUNTY

For more information contact:

Opal Moreland at (661) 393-5597, or
Jean Miller at (661) 829-6021

Child Care: Yes, child care provided

DATE: First (1st) Thursday of each month.

THURSDAY EVENING TRAINING (Immediately following the CKC meetings)

LOCATION: Kern County Department of Human Services Prevention and Community Partnerships Building- Community Room (Corner of Butte St. and Tulare St.)

Date	Time	Topic
9/3/2015	6:30pm-8:00pm	Kern Regional Center
10/1/2015	6:30pm-8:00pm	TBA
11/5/2015	6:30pm-8:00pm	TBA

(#5) THE PARENT PROJECT

Parent Project is a 10 to 16-week parent training program designed specifically for parents of strong-willed or out-of-control adolescent children. The curriculum teaches parents how to stop negative behaviors (poor school attendance and performance, alcohol and other drug use, gangs, runaways, and violent teens), and how to initiate positive two-way communication with the child. Go to <http://www.kernparentproject.org/> for an updated list of dates, times and locations. Make sure to ask for a certificate of completion.

Respite Care Providers List

August 2015

The Respite Care List is a listing of county foster parents willing to provide respite care. You may have to call several people before you can find one with an opening.

Name	Location	Phone #	Ages Preferred
Amos, Shirley	Bakersfield	833-2984	2-18
Otis, Gail	Rosamond	256-8968	0-9
Blain, Cheryl	Bakersfield	364-4349	6-17

If you can help and would like to have your names on this quarterly listing please call:

Your Licensing Analyst or Loretta Davis, (661) 631-6483 to sign up!

TO DO RESPITE CARE:

You must:

1. Have a current opening in your capacity for the number of children that you will be doing respite for
2. Get permission from child's Social Worker.
3. Get the paperwork from child's Social Worker.
4. Have an understanding of how to get medical care for children while in your care.

Respite Care Policy:

Respite care is the temporary care of a foster child by someone other than the foster parent.

- Caregiver is subject to Social Worker approval.
- Limited to 7 days/168 hours per child or 12 days/288 hours for a child receiving a SCI rate of Level 2 or higher.
- DHS' fiscal year is July 1st to June 30th. Respite Care hours must be used during the fiscal year. All unused days for current year **cannot** be carried over to next year.

You may also contact:
Margarita Soza ~ Foster Care Ombudsman
At (661) 631-6698

Children in Need of a Good Home!

We're looking for stable homes for children of various ages to provide 6-12 months foster care.

We provide Kern County Treatment Foster Care Oregon (Formerly MTFC) training, lots of support, and you can earn the highest foster care increment

For more information please contact:

Cindi Lane-Pompa 868-8322

Vija Turjanis 868-8343



Kids Do BEST In Families!

Mission Statement:

Working together to achieve hope, healing, and a meaningful life in the community.

AB 403 (Stone): Foster Youth: Continuum of Care Reform

BILL SUMMARY

AB 403 is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults.

AB 403 addresses these issues by giving families who provide foster care, now known as resource families, with targeted training and support so that they are better prepared to care for youth living with them. The bill also advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment. The measure creates a timeline to implement this shift in placement options and related performance measures.

The measure builds upon many years of policy changes designed to improve outcomes for youth in foster care. It implements recommendations from CDSS's 2015 report, [California's Child Welfare Continuum of Care Reform](#), which were developed with feedback from foster youth, foster families, care providers, child welfare agency staff, policymakers, and other stakeholders.

PROBLEM BACKGROUND

For over a decade, California has implemented policies to reduce the number of children in out-of-home foster care placements, which has resulted in a decline from a high of over 100,000 youth in foster care in 1999 to about 60,000 in 2014. These policy changes have included preventative efforts to reduce the likelihood that a child is removed from his or her home, early intervention in child welfare cases, and assistance with finding children permanent homes with relatives and through adoption.

County child welfare agencies provide services to about 95 percent of youth in foster care, including

making arrangements for where the youth will reside and who will care for and take responsibility for the youth. Juvenile probation departments are responsible for the care of remaining 5 percent of foster youth.

"Continuum of care" refers to the spectrum of care settings for youth in foster care, from the least restrictive and least service-intensive (for instance, a placement with an individual foster family or an extended family member) to the most restrictive and most service-intensive (for instance, a group home with required participation in mental health treatment and limits on when the youth can leave the facility).

Most youth in foster care are placed in homes with resource families, but about 3,000 youth live in group home placements, also known as congregate care. Over two-thirds of the youth in congregate care have remained in such placements longer than two years, and about one-third have lived in such placements for more than five years.

Foster youth who live in congregate care settings are more likely than those who live with families to suffer a variety of negative short- and long-term outcomes. Such placements are associated with the creation of lifelong institutionalized behaviors, an increased likelihood of being involved with the juvenile justice system and the adult correctional system, and low educational attainment levels. Further, children who leave congregate care to return to live with their families are more likely than those who were in placed in family-based care to return to the foster system.

In spite of these well-known problems associated with this type of placement, too many children continue to be placed in, and remain living in, congregate care settings which do not always meet their needs or provide stable, supportive homes. AB 403 addresses this issue through a variety of policy changes.

COMPONENTS OF AB 403

To better meet the needs of youth in foster care and to promote positive outcomes for those youth as they

AB 403 (Stone): Foster Youth: Continuum of Care Reform

transition out of foster care, AB 403 implements the following policy changes:

- Updates the assessment process so that the first out-of-home placement is the right one.
- Establishes core services and supports for foster youth, their families, and resource families;
- Strengthens training and qualifications for resource families providing care to foster youth and congregate care facility staff;
- To the extent that the children are provided needed services and support, transitions children from congregate care into home-based family care with resource families;
- Transforms group homes into a new category of congregate care facility defined as Short-Term Residential Treatment Centers (STRTCs);
- Revises the foster care rate structure;
- Requires STRTCs and treatment foster family agencies to be certified by counties through their mental health plans;
- Evaluates provider performance.

AB 403 accomplishes the above in the following ways:

Home-Based Family Care: Reducing placements in congregate care settings will require specially trained resource families to be available to care for youth in home settings, either in resource families approved by a county or through a Foster Family Agency (FFA). AB 403 increases efforts to recruit and train families to meet the needs of foster youth as they step down from short-term residential placement settings with high service levels to less restrictive settings.

Residential Treatment: In order to reduce reliance on congregate care as a long-term placement setting, AB 403 narrowly redefines the purpose of group care. Group homes will be transitioned into a new facility type, STRTCs, which will provide short-term, specialized, and intensive treatment and will be used only for children whose needs cannot be safely met initially in a family setting. AB 403 establishes a timeline for this transition.

Providing Core Services: FFA programs, STRTCs, and social workers will provide core services and supports to foster youth and their placements. Depending on the type of placement and needs of a youth in foster care, core services may include: arranging access to specialized mental health treatment, providing transitional support from foster placement to permanent home placement, supporting connections with siblings and extended family members, providing transportation to school and other educational activities, and teaching independent living skills to older youth and non-minor dependents.

Cost: AB 403 establishes that both congregate care facilities and FFAs will offer the same level of core services to children at a rate that correlates with the level and type of services they provide. Social workers will provide additional core services and support to resource families. An initial state investment will lead to reduced placement costs, and to lower societal costs from improved outcomes.

Performance Measures and Outcomes: A multi-departmental review team will focus on the programs' administrative and service practices, and overall performance, to ensure providers are operating programs that use best practices, achieve desired outcomes for youth and families and meet local needs. To bolster this work, a satisfaction survey of youth and families will be used to determine their perception of the services they received, including whether the services were trauma-sensitive, and to provide feedback that can help programs serving youth and families make continuous quality improvements.

SUPPORT

- California Department of Social Services (sponsor)

OPPOSITION

- None received

FOR MORE INFORMATION

Contact: Arianna Smith
Office of Assemblymember Mark Stone
Phone: (916) 319-2029
arianna.smith@asm.ca.gov



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

Questions to Ask about Medications

When a child or youth does not feel well, sometimes medications can help. First, a complete assessment of the child or youth's mental and physical health must be done to make sure it is not just a one-time occurrence and that other things may not help; such as getting better sleep, making changes at school or home, or talking with a therapist.

Medications to help children or youth with their feelings, behavior, or how they are doing at school are most effective when children or youth also have a therapist involved. Additionally, the caregiver(s) and youth should know the following about the medications:

- Reason for the medication including target symptoms and mental health diagnoses,
- Alternative treatments in lieu of medication,
- Risks of the medications,
- Benefits of the medications,
- Possible drug interactions with the medications and;
- Who to call in an emergency about the medications

Medication prescribers may include the child or youth's primary care provider (pediatrician), psychiatrist, nurse practitioner or physician assistant. A therapist such as a psychologist, social worker, or school counselor does not prescribe medications but often works with the prescriber to help describe how the youth may need help. Treatment with psychiatric medications is a serious matter for children and youth.

Preparing for your Visit with a Provider

Here are some tips about how to prepare for your visit with a provider who prescribe medication for mental health.

- Consider asking the following questions before taking psychiatric medications. It is important to be fully informed about the psychotropic medication you are prescribed.
- If, after asking these questions, you still have questions or doubts about medication treatment, ask for a second opinion.
- If you need assistance or have questions about this process, you should consider calling your social worker, probation officer, attorney, public health nurse, or a CASA worker.

- By asking and writing down the answers to the following questions, children, youth, and care givers will gain a better understanding of psychiatric medications.

Talking to the Prescriber

Review the following with the medication handout, prescription label and answer form.

About the Medication:

1. Why am I taking this medication?
2. What are the names of the medication (generic and brand names)?
3. What is the safest daily dosage for me to take considering my age, height, weight, and other important lifestyle factors? How will I need to take the medication?
4. What is known about its degree of helpfulness with other children who have a similar condition? How might the medication help? What is unknown about this medication? Is it approved for children or adolescents?
5. How long before it works? How will I know it is working?
6. What is the cost of the medication (generic vs. brand name, compared to other drugs that could be indicated for use)? Will it be covered by Medi-Cal or insurance?

Side Effects, Risks and Monitoring:

1. What are the common side effects for this medication? If I experience these side effects, what is normal and when is it not?
2. What monitoring (e.g. heart tests, blood work, etc.) need to be done before starting the medication? What monitoring need to be done while I continue to take the medication? What is my status regarding monitoring?
3. What are the long-term health risks of the medication?
4. Is this medication addictive? Can it be abused?
5. What happens if this medication is combined with alcohol or other drugs?
6. What do I do if a problem develops – I feel ill, I miss doses, if side effects develop? When should I be concerned? Who should I call with concerns?
7. Who will check on me to see the medication is working or to check for any negative effects? How will progress be checked and by whom? Are they qualified to do so?
8. Who else in my life **needs** to be informed about this medication?
9. Whom should I contact with questions? In an emergency? If you are not there, whom should I talk to? What about after hours?

Length of Treatment, Alternatives and Long-Term Use Planning:

1. How long will I need to take this medication? How will the decision be made to stop this medication?
2. What happens when I turn 18, 21, and 26?
3. Are there treatments besides medication that might help?
4. What can I do at home or school to help with mental health besides medication?
5. If I don't feel comfortable taking this medication, what else could help me?
6. Would you feel comfortable giving this medication to your own child or relative? Would you take this yourself?

Talking to the Pharmacist

Review the following with the medication handout, prescription label & answer form.

1. Can you review the list of medications I am currently taking or may take (include over the counter medications such as allergy medication, pain relievers, etc.)? Are there possible interactions between these medications and the new medications I am being prescribed?
2. What are the common side effects for this medication? If I experience these side effects, what is normal and when is it not?
3. Are there any other medications or foods to avoid while taking the medication? Should I eat food with the medication?
4. Are there any activities to avoid while taking the medication? Are any precautions recommended for other activities? Are there any weather conditions to avoid while taking this medication?
5. Can I stop taking the medication right away if I don't like how it makes me feel? If I do, is there anything I have to watch out for?
6. What happens if I miss a dose of this medication? Should I take it right away or wait until the next dosage?
7. What's the most important thing about this medication?
8. What happens if I take too much or take the wrong amount of this medication?
9. What happens if this medication is combined with alcohol, marijuana, or other drugs?
10. How long does the drug have its effect? How long does it take to wear off? How long will it be effective in my body?
11. (If relevant) Are there any special concerns about this medication and pregnancy?
12. What should I discuss with my prescriber before I take this medication?
13. How should the medication be stored or kept?

Talking to the Social Worker, Probation Officer and/or Public Health Nurse

At your check-ins, your social worker or probation officer should have these conversations with you.

- You can always say, "I'd like to talk to you about my medications and treatment plan."
 - Review the following with the medication handout, prescription label & answer form.
1. Social Worker: Let's review the goals of the medication. Is the medication helping? How?
Your Response: (The medication helps with... The medication does not help with...)
 2. Social Worker: How do you feel emotionally and physically on the medication?
Your Response: (I feel _____, _____, _____ when I take the medication).
 3. Social Worker: Have any side effects developed? If so, can you describe them?
Your Response: (I've noticed that...).

4. Social Worker: Has someone checked your weight, height, labs, or anything else since our last check-in?
Your Response: (Yes/No/Not sure).
5. Social Worker: Are you taking any other medications or drugs that may have unintended effects while taking your current prescription?
Your Response: (I take ... {name other medications, supplements, or drugs}).
6. Social Worker: What other support or information might help with what you are experiencing? Are there services you need and are not receiving or are waiting for?
Your Response: (I would like/I need).
7. Social Worker: Here is a list of resources and services available in your area. Have you tried other treatments or services besides medication that seem to help? Is there anything you would like to try?
Your Response: (_____ really helps me, I'd like to do that. I'd like to try _____ to help with _____)
8. Social Worker: What are people at home or school doing to help with mental health besides medication?
Your Response: (At home _____ is happening. At school _____ is happening.)

Talking to the Attorney or Judge

You can always say, "I'd like to talk to you about my medications and treatment plan."

Review the following with the JV220a and JV222 forms, the medication handout, prescription label & answer form.

1. What rights do I have?
2. Are my rights being upheld?

Questions to Ask about Medications Adapted from: [Psychiatric Medications for Children and Adolescents Part III: Questions to Ask](#) and [Ohio Minds Matter Parent's Guide to Youth Mental Health](#).



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

June 10, 2015

INFORMATION RELEASE NO. 2015-01
ALL COUNTY INFORMATION NOTICE NO. I-28-15

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CHIEF PROBATION OFFICERS
 ALL FOSTER FAMILY AGENCIES
 ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
 ALL COUNTY ELIGIBILITY SUPERVISORS
 ALL FOSTER CARE MANAGERS
 TITLE IV-E AGREEMENT TRIBES
 ALL CDSS ADOPTIONS REGIONAL AND FIELD OFFICES

SUBJECT: QUALITY PARENTING INITIATIVE: PROMOTING NORMALCY
 AND ENSURING CARE AND SUPERVISION IN FOSTER CARE

REFERENCE: SEE ATTACHMENT "B", REFERENCES AND RESOURCES

This joint Community Care Licensing Division (CCLD) Information Release (IR) and Children and Family Services Division (CFSD) All County Information Notice (ACIN) provides information to promote normalcy for children in foster care consistent with the federal Preventing Sex Trafficking and Strengthening Families Act of 2014 (Public Law [P.L.] 113-183). This letter is intended to help a social worker better understand and support some of the ways a caregiver can promote normalcy for children in their care. This letter is also intended to remind a caregiver of his or her ability to use occasional babysitting services, alternative care and respite care. This IR/ACIN also emphasizes a caregiver's responsibility to use the Reasonable and Prudent Parent Standard when making arrangements for temporary care of a child in foster care. This information is being presented as part of California's Quality Parenting Initiative (QPI), a joint effort of the state and child welfare advocates to attract and retain quality caregivers to achieve positive outcomes for children and families.

What Is QPI?

The QPI aims to strengthen foster care by ensuring that a foster caregiver provides the loving, committed and skilled care that the child needs, while working effectively with the child welfare system to achieve the child's goals. The QPI also seeks to clearly define and articulate the responsibilities of caregivers, and to align child welfare policies and practices with quality foster care. The QPI has resulted in systemic changes and improved relationships between youth in foster care and caregivers. Measurable improvements have been reported in outcomes, including fewer unplanned placement changes, reduced use of group care, fewer cases of sibling separation, and more successful instances of reunification. Currently, eighteen counties are participating in the initiative.

PROMOTING NORMALCY IN FOSTER CARE

The overriding goal of the child welfare system is to ensure that every child in the state is raised in a safe, stable, and loving home. The first choice is always that a child be raised by his or her birth parents. Unfortunately, however, a child's welfare can sometimes be protected only by removing him or her from home. In such cases, another home must be found for the child, either with a relative or with a non-related caregiver.

A child who has been placed in a foster home has suffered not only from the circumstances which led to the removal, but also from the trauma of losing everyday contact with his or her parents, other family members and friends. It is critical that the home in which a child is placed provides, to the greatest extent possible, an environment in which he or she can experience all of the opportunities available to children who are not in foster care consistent with P.L. 113-183.

Part of treating a child in foster care like any other child is allowing him or her to stay with the same babysitters who care for other children in the home and recognizing when he or she is mature enough to be left alone for short periods of time. Such occasions form a natural part of the transition to independence for a child in foster care.

Reasonable and Prudent Parent Standard: The Reasonable and Prudent Parent Standard is an invaluable tool in helping a foster caregiver meet the goal of providing a home which is not only safe, stable and loving, but one which is as "normal" as possible: a home which allows a child in foster care the freedom to grow into adulthood. Allowing a child in foster care to be babysat by a regular neighborhood babysitter, taken care of by family or friends, and eventually left alone while his or her caregiver goes out is an

important part of the successful transition to self-sufficiency, which is society's ultimate goal for every child in foster care.

The Reasonable and Prudent Parent Standard is a key method of ensuring normalcy for a child in foster care. Generally, this means that a caregiver's decision regarding what a child can or cannot do, should not be influenced or based solely on the fact that the child is in foster care. Use of the Reasonable and Prudent Parent Standard should result in the caregiver making decisions about the child in foster care that are the same decisions as a typical parent would make concerning his or her own child.

The Reasonable and Prudent Parent Standard is meant to address unreasonable limitations that previously had been imposed on the everyday activities of a child in foster care solely due to his or her legal status as a dependent of the juvenile court. However, setting limits is a crucial aspect of parenting, and proper application of the Reasonable and Prudent Parent Standard may result in a determination that a child in foster care is not ready to be left home alone or that a babysitter cannot meet the unique needs of the child. The caregiver must make reasonable and prudent decisions using his or her best judgment given the particular set of circumstances, and maintain the child's health, safety, and best interest.

It is necessary to consider the following when using the Reasonable and Prudent Parent Standard to make a decision:

- the child's age, maturity, and developmental level;
- the nature and inherent risks of harm; and
- the best interest of the child based on information known by the caregiver.

No two persons will parent in exactly the same way. Therefore, no two caregivers will apply the Reasonable and Prudent Parent Standard in exactly the same way. Each caregiver must evaluate situations as they occur and make decisions based upon his or her own sense of what seems appropriate, given the unique characteristics of each child (age, maturity, and developmental level), the nature and inherent risks of harm, and the best interest of the child based on information known by the caregiver. These decisions do not need to adhere to a particular style of parenting; as long as they fall within the range of behavior which would be reasonable and prudent to a typical parent, the Reasonable and Prudent Parent Standard has been properly applied.

Finally, it is important to note that statutes and regulations set out certain requirements and standards for caregivers to ensure the health and safety of children in foster care, while attempting to give caregivers the widest possible latitude in providing a normal

home for a child in foster care. These legal restrictions cannot be circumvented, even if doing so would seem to be allowable under the Reasonable and Prudent Parent Standard.

Personal Rights: Because a child in foster care can be subject to the authority and control of a large number of different individuals, and may not have the benefit of a parent to advocate on his or her behalf, statute and regulations provide a child in foster care with many specific personal rights. A few of these include the right to:

- live in a safe, healthy, and comfortable home where he or she is treated with respect;
- be free from physical, sexual, emotional or other abuse, or corporal punishment;
- not be locked in any room;
- attend school and participate in extracurricular, cultural, and personal enrichment activities;
- not be placed in any kind of restraints or restraining devices (except for the appropriate use of safety devices such as seatbelts/car seats); and
- be accorded independence appropriate to his or her age, maturity and capabilities.

These personal rights (and others not listed here) are important because they place specific limits on a caregiver's actions. Birth parents generally have extremely wide latitude in raising their children. Because children in foster care typically have traumatic histories, and because the state must guard against the possibility of further abuse, foster caregivers do not have this kind of latitude. Providing a child in foster care with a normal home cannot involve violating his or her personal rights. For example, some parents may use spanking as a form of discipline; but a caregiver is specifically forbidden from subjecting a child in foster care to corporal punishment. A caregiver should be mindful of this and other situations in which interactions with the child might conflict with personal rights.

PROVIDING CARE AND SUPERVISION IN FOSTER CARE

There are a number of options available for a caregiver who needs someone to temporarily care, for a short period of time, for a foster care child who has been placed

in his or her care. Each of these options is most appropriate for a different range of situations.

- Babysitters for children in foster care,
- Alternative caregivers,
- Respite care,
- Leaving a child in foster care alone, or
- Day care

There are a few statutory and regulatory restrictions which a caregiver must follow, including:

- A child in foster care cannot be required to babysit other children (but can babysit if he or she chooses to do so, and the caregiver believes that he or she is able).
- A child in foster care cannot be left unsupervised overnight.
- If a caregiver is going to be absent for more than 72 hours, only alternative care in the home of the child in foster care may be used, and the child's caseworker must give prior approval.
- A caregiver must supply to a babysitter or alternative caregiver all necessary information to care for the child in foster care, including emergency contact information.
- If a caregiver places a child in foster care into day care, he or she must use a licensed child care facility.

Babysitting: A caregiver may arrange for an “occasional short-term babysitter” for a child in foster care. A child in foster care may be babysat for up to 24 hours, including overnight. A babysitter does not need to be licensed for foster care, be fingerprinted, or meet other legal requirements pertaining to caregivers. A babysitter for a child in foster care also does not need to have undergone any special training, as is required for foster parents and other full-time caregivers. This does not mean, however, that any babysitter will be able to provide appropriate care to every child in foster care. As with any other child, the special needs of a child in foster care may require the babysitter to have special skills or training.

For example, a babysitter—unlike a licensed caregiver—is not legally required to be trained in Cardiopulmonary Resuscitation (CPR). However, a caregiver could decide that he or she would prefer a babysitter who can perform CPR (either because the particular circumstances of the child in

foster care appear to warrant it, or simply because it would make the caregiver feel more comfortable), and therefore only hire a babysitter with that ability.

In other words, a caregiver can choose the same kind of babysitter (such as a high school student) that parents have hired to watch children for generations, provided the foster child does not have special health care needs that require special expertise. A caregiver can also seek out more skilled or professional babysitting services, if he or she wishes to do so. The most important thing is that the caregiver exercises the same care and deliberation in choosing a babysitter for a child in foster care as a typical parent would for his or her children.

When leaving a child in foster care with a babysitter, a caregiver must give the babysitter the appropriate information the babysitter would need to properly care for and supervise the child, such as the caregiver's emergency contact information. The information that CCL regulations require a caregiver to provide is generally the same information that a typical parent would provide to someone who is going to be babysitting his or her children.

A child in foster care may also act as an occasional short-term babysitter. The caregiver must apply the Reasonable and Prudent Parent Standard to determine whether the arrangement is appropriate. Under no circumstances shall a child in foster care be required to babysit.

Alternative Care: Occasionally, a caregiver needs or wants to be absent from the home for more than 24 hours. In these situations, a caregiver may use an "alternative caregiver" (a trusted family member, close friend, or neighbor) to care for the child in the caregiver's home. A caregiver must apply the Reasonable and Prudent Parent Standard when selecting an alternative caregiver to ensure the alternative caregiver can properly care for and supervise the child, taking into consideration the child's age, maturity, behavioral tendencies, mental and physical health, medications, abilities, limitations, and developmental level and court orders for the child.

An alternative caregiver does not need to be licensed, but does need to have a criminal record clearance, must be at least 18 years-old, and have the willingness and ability to comply with applicable statutes and regulations. The caregiver must furnish the alternative caregiver with emergency contact information and other information needed to properly care for the child. The caregiver should refer to the CCL regulations for a complete list of items which must be provided to an alternative caregiver.

A caregiver must notify the caseworker for the child in advance of his or her absence and provide the caseworker with the date(s) that he or she plans to be absent, emergency contact information, and the name of the alternative caregiver. The caregiver must also obtain prior approval from the child's caseworker for a planned absence of over 72 hours. **Note** that a caseworker for a child in foster care, the juvenile court, or the licensing agency can prohibit, as determined on a case-by-case basis, the use of alternative care.

Respite Care: A caregiver may experience events in his or her life that require "respite care" for a child who has been placed in his or her care. Respite care is the provision of prearranged child care when a foster parent is absent or incapacitated, and a determination has been made that temporary in-home or out-of-home care is in the child's best interest. Respite care services are offered as part of a case plan (via the child's social worker) to allow a temporary respite of parental duties, so that the foster parent is able to fulfill other responsibilities necessary to improve or maintain the parenting function. Respite care services do not exceed 72 hours per session, and are not provided for the purpose of routine, on-going child day care. Respite care is arranged through the child's caseworker and must be provided in the home of another licensed, certified, or approved foster caregiver. Examples of events for which respite care may be needed include the caregiver's temporary incapacitation, a family medical emergency, or simply the need for a "break" from the stress of parenting. The respite period is not a new placement.

The availability of, and process for obtaining, respite care varies from county to county. A best practice may be for the child's social worker to tell the caregiver about options for respite when the child is placed and communicate and work together to identify and obtain respite when needed.

Leaving a Child in Foster Care Alone: A caregiver may leave a child in foster care home alone, without adult supervision, for brief periods of time. The caregiver shall apply the Reasonable and Prudent Parent Standard to determine the appropriateness of leaving a child home alone. This decision must be made on a case-by-case basis. When leaving a child home alone, the caregiver must make sure the child knows where the emergency numbers are posted, knows the emergency procedures, and knows where and how to contact the caregiver.

Day Care: A caregiver may place a child in foster care in a licensed child day care facility. Regulations prohibit the use of unlicensed facilities for this purpose.

Attached are Frequently Asked Questions (FAQ) compiled by CCLD related to a caregiver's ability to arrange for care and supervision. The FAQ (Attachment A) is

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intended to assist caregivers and state and county licensing staff in ensuring a child in foster care has a healthy, normal childhood. Also provided is a list of and links to related references and resources (Attachment B).

If you have questions pertaining to CCL laws and policy, please contact Teresa Owensby, Manager of the Children's Residential Policy Unit, at (916) 651-3456 or by e-mail at Teresa.Owensby@dss.ca.gov. Questions pertaining to caregiver laws and policy, please contact Tricia Knight, Manager of the Foster Caregiver Policy and Support Unit, at (916) 651-7465, or email kinship@dss.ca.gov.

Sincerely,

Original Document Signed By:

PAM DICKFOSS
Deputy Director
Community Care Licensing Division

Original Document Signed By:

KAREN B. GUNDERSON, Chief
Child and Youth Permanency Branch
Children and Family Services Division

Attachments

Attachment "A"

FREQUENTLY ASKED QUESTIONS

1. What does "occasional" mean? Is a caregiver limited to a certain number of outings per week? Per month?

"Occasional" does not refer to a specific pre-defined frequency or number of occasions that a caregiver arranges for babysitting or alternative care for a child who has been placed in his or her care. The caregiver should use his or her best judgment in determining what constitutes "occasional." Some examples of occasional uses could be the opportunity to attend a birthday party, a hair appointment, or a doctor's appointment. If in doubt, a caregiver should examine the frequency and duration of his or her outings, and ask himself or herself whether they would seem reasonable to a typical parent.

2. How does a caregiver decide which kind of temporary care is appropriate?

Each kind of temporary care is best suited for a particular range of circumstances; therefore, the kind of alternative care that should be used will be dependent upon the situation at hand. The following chart, which compares various criteria for each kind of alternative care, may be useful in determining which is most appropriate.

	Babysitter (in-or out-of-home, up to 24 hours)	Alternative Caregiver (in-home, 24 to 72 hours*)	Respite Care (out-of-home, 24 to 72 hours)
Individual (must be over 18)	No	Yes	Yes
Individual (must be licensed)	No	No [†]	Yes
Caseworker approval required	No	Yes*	Yes

* Alternative care may be for longer than 72 hours, upon approval of the child's caseworker.

[†] Criminal record and Child Abuse Central Index clearances are required for alternative caregivers.

3. What if a caregiver expects to be absent for more than 72 hours but cannot find an alternative caregiver to come to his or her home to provide care? Can respite care be utilized instead?

No, respite care is limited to a 72-hour period. If a caregiver expects to be gone for a longer period of time, and is unable to arrange for alternative care to be provided in his or her home, he or she should discuss the matter with the child's caseworker to make arrangements that are in the child's best interest.

4. Can a caregiver leave a child in foster care in the care of a crisis nursery?

No, a crisis nursery provides emergency short-term care for parents or legal guardians who need a respite from the stress of parenting. For foster caregivers, this function is fulfilled by respite care. A caregiver who needs a brief break from the responsibilities of caring for a child, who has been placed in his or her care, should arrange for respite care services.

5. If a caregiver determines that a child, who has been placed in his or her care, is old enough and mature enough to be left alone overnight, may he or she do so?

No. Although it might seem to be normal to do so with older children, regulations do not allow a child in foster care to be left unsupervised overnight, regardless of the child's age or level of maturity. This restriction is not subject to the Reasonable and Prudent Parent Standard. If questioned, the caregiver may want to make clear to the child in foster care that this is a legal requirement and therefore, the caregiver does not have discretion to do otherwise.

6. Is alternative care needed when a child in foster care participates in extracurricular activities that last for an extended period of time (over 24 hours)?

No. Children in foster care may (and are encouraged to) participate in extracurricular activities, including those which may take the child away from the caregiver's home for an extended period of time (such as school field trips, camping trips, sporting events, etc.). Depending on the duration and amount of travel involved, approval by the child's caseworker or the juvenile court may be required; however, these situations are not considered ones in which alternative care applies.

Attachment "B"

REFERENCES AND RESOURCES

CALIFORNIA

Statutes

[Health and Safety Code section \(§\) 1501\(b\)\(3\)](#). Legislative intent and declaration

[Welfare and Institutions Code § 362.04](#). Babysitting of foster child

[Welfare and Institutions Code § 362.05](#). Extracurricular, enrichment, and social activities for dependent children

[Welfare and Institutions Code §727\(a\)\(3\)\(D\)\(i\)](#). Order for care, supervision, custody, conduct, maintenance and support of ward

[Welfare and Institutions Code § 16501\(b\)](#). Respite care

[Welfare and Institutions Code §16001.9](#). Rights of minors and nonminors in foster care

Community Care Licensing Division (CCLD) Regulations

[Title 22, Division 6, Chap 9.5, Art 1-2 - Foster Family Homes](#)

[Title 22, Division 6, Chap 9.5, Art 2 \(Cont.\) - Foster Family Homes](#)

[Title 22, Division 6, Chap 9.5, Art 2 \(Cont.\)-3 - Foster Family Homes](#)

[Title 22, Division 6, Chap 9.5, Art 4-5 - Foster Family Homes](#)

[Title 22, Division 6, Chap 9.5, - Foster Family Homes \(Spanish\)](#)

Children and Family Services Division (CFSD) Regulations

[Manual of Policies and Procedures, Division 31, section 31-002 - Child Welfare Services](#)

CCLD Information Releases

No. [2010-02](#): Foster Family Homes: CCLD updated the Foster Home Regulations

No. [2010-04](#): Certified Family Home Regulations

No. [2011-01](#): Foster Family Homes Regulations: Questions and Answers

No. [2011-02](#): Certified Family Homes Following the Foster Family Home Regulations: Questions & Answers

CFSD All County Information Notices (ACIN)

No. [I-16-11](#): Quality Parenting Initiative Convening

No. [I-17-13](#): Questions and Answers Regarding Reasonable and Prudent Parent Standards

No. [I-05-14](#): (Quality Parenting Initiative (QPI) ACIN): Sharing of Information with Caregivers

REFERENCES AND RESOURCES
Page Two

CFSD All County Letter

No. [06-02](#): Use of Occasional Short-Term Babysitters by Foster Caregivers

FEDERAL

[Public Law \(P.L.\) 113-183](#) Preventing Sex Trafficking and Strengthening Families Act

ATTEND school today,
ACHIEVE tomorrow



School Attendance Resources for Parents



Chronic Absenteeism Overview

School attendance is essential to academic success, but too often students, parents and schools do not realize how quickly absences — excused or unexcused — can add up to academic trouble. Chronic absence is defined as missing 10 percent of the school year, or just 2-3 days every month. This can translate into third-graders unable to master reading, sixth-graders failing courses and ninth-graders dropping out of high school.

Did You Know?

- Missing just 2-3 days every month can translate into third graders unable to read on grade level.
- Being chronically late to school often leads to poor attendance.
- Absences can affect other students if a teacher has to slow down learning to help children catch up.
- Attending school regularly helps children feel better about school — and themselves.
- Good attendance in the early grades will help children do well in high school, college and at work.
- By junior high and high school, chronic absence is the leading warning sign that a student will drop out of school.
- High school graduates make, on average, a million dollars more than a dropout over a lifetime.

California Law

California State Law requires that a student attend school: EVERY DAY - ALL DAY. 48200 from the Education Code of the State of California states the following: *Each person between the ages of 6 and 18 years is subject to compulsory full-time education...and shall attend the public full-time school or continuation school for the full school day.*

What Can I Do?

Getting your child to school on time, every day, unless he or she is sick, is something that you can do to ensure your child has a chance to succeed in school. While others can help, you are the bottom line. You can promote good attendance when you:

Establish and stick to the basic routines (i.e., setting a bedtime and sticking to it, laying out clothes and packing a backpack the night before, waking up on time, etc.) that will help your child develop the habit of on-time attendance.

Talk to your child about why going to school every day is critical and important unless he or she is sick. If your child seems reluctant to go to school, find out why and work with the teacher, administrator or after school provider to get them excited about going to school.

Come up with back up plans for who to turn to (another family member, a neighbor or fellow parents) to help you get your child to school if something comes up (e.g. another child gets sick, your car breaks down, etc.).

If your child is absent, work with the teacher to make sure she or he has an opportunity to learn and make up for the academics missed.

Reach out for help if you are experiencing tough times (i.e., transportation, unstable housing, loss of a job, health problems) that make it difficult to get your child to school. Other parents, your child's teacher, principal, social worker, school nurse, after school providers or community agencies can help you problem solve or connect you to a needed resource.



Community Resources

Many times, there are extenuating circumstances that make it difficult for parents to ensure their children are in school all day, every day. The following pages contain some helpful community resources that may be of help if you find your family needing extra support.

Kern County Help Line

Community Action Partnership of Kern — Dial 2-1-1 from a local land line to be connected to comprehensive information and referral services that link Kern County residents to community health and human services and support.

Mentoring Programs

Ebony Counseling Center — Outreach programs, substance abuse counseling, job development, mentoring / 661-324-4756

Garden Pathways — Comprehensive mentoring services, life skills, vocational training / 661-633-9133

Stay Focused Ministries — 4th-8th grade mentoring / 661-322-4673

Youth for Christ/Campus Life — Engages youth in life skills, teen parenting, mentoring and service-learning / 661-323-9041, www.kerncounty.yfc.net

Project 180 — Kern County Superintendent of Schools - Gang prevention, case management/mentoring / 661-852-5660

Counseling Programs

Action Family Counseling — Substance abuse treatment / 661-297-8691 (24 hotline 800-367-8336), intake@actionfamily.org

Alliance Against Family Violence — Counseling, education, child abuse prevention, domestic violence prevention / 661-322-0931 (24 hotline 327-1091), LGBTQ hotline 661-332-1506

Henrietta Weill Child Guidance Center — Early intervention programs, individual, family & group therapy, parenting classes / 661-322-1021 / www.hwmcgc.org

Clinica Sierra Vista Behavioral Health — Individual, family, and group counseling, case management, psychiatric evaluations and medication support / 661-397-8775

AI-Anon Groups for teens — Counseling programs for victims of substance abuse / 661-322-1102 / www.kernalanon.org

Kern County Mental Health — Crisis Mental Health Assessment and 24 hour care / 661-868-8000

Ebony Counseling Center — Outreach programs, substance abuse counseling, individual and group services / 661-324-4756

East Bakersfield Community Health — Counseling services, case management, WIC / 661-322-7881

Family Preservation Community — Wrap-around services, behavior intervention, tutoring, transportation, etc. / 661-324-3400 / 760-376-4100

CSUB Counselor Training Clinic — Low cost counseling services / 661-654-3402

Parenting Education

Parent Project Classes — Parenting skills classes / 661-852-5661/ kernparentproject.org

Parents on a Mission — Parenting skills classes / 661-369-8922

Henrietta Weill Memorial Child Guidance Clinic — Early intervention programs, individual, family & group therapy, parenting classes / 661-322-1021 / www.hwmcgc.org

Pregnant Teen Services

Clinica Sierra Vista — Information and education program, family life education program, teen life choices (TLC) / 324-0293

Adolescent Family Life Program — Case management and parenting skills for expecting teens / 661-324-0293

Bakersfield Pregnancy Center — 326-1907 / www.wehelpyou.org

Continued...



Basic Needs Assistance

Bakersfield Homeless Center — Shelter for women, children, and families, food, referrals / 1600 E. Truxtun Ave, Bakersfield 93305 / 661-322-9199

Home Emergency Assistance Program (HEAP) — Help with electric and gas bills / 661-336-5203

Salvation Army Project R.E.A.C.H. — PG&E emergency energy assistance / 661-837-4243

New Arising Destiny Center — Residential program / 661-837-4908

Women, Infants and Children (WIC) — Nutrition and breastfeeding education, helps families by providing checks for healthy foods and offers referrals for other community services / (661) 862-5422

FLOOD Bakersfield Ministries — Housing assistance / 661-323-5663

Hope Center — Clothing and food, no referral needed / 661-399-2119

After school Programs

Friendship House — Homework assistance, tutoring, recreational activities / 661-369-8926

Youth Connection Program — Economic support for children interested in activities / 661-325-3730

Sheriff's Activity League (SAL) — Sports geared mentoring programs, football, baseball, skateboarding, boxing / 661-978-6388

Police Activities League (PAL) — Athletic program, tutoring, art, college initiative, recreation, social programs / 661-283-8880

Boys & Girls Club — Organized sports, homework assistance, health and nutrition, arts and crafts / 661-325-3730

NOR Recreation and Park District — Organized sports, cheer, dance, martial arts, music lessons, cooking classes / 661-392-2000

Teen Challenge — After-school tutoring, group mentoring, and hope to students from the Oildale area / 661-703-2476

Girl Scouts of America — Mentoring, training, activities / 661-327-1409

Boy Scouts of America — Mentoring, outdoor activities, leadership / 661-325-9036

BPD Explorer Program — For youth interested in a career in law enforcement / 661-326-3024

Hall Ambulance Explorer Program — For youth interested in a career in pre-hospital care / 661-322-8741

Golden Empire Football & Cheer — After school programs for youth / 661-837-4393

Greenfield Sports Assoc. — After school programs for youth / 661-496-9385

Miscellaneous

Community Action Partnership of Kern — HIV/AIDS education and prevention, financial literacy services, food bank, fatherhood education program, WIC, Headstart / 661-336-5236

Kern County Department of Human Services — 661-631-6000

Kern County Children's Dental Health — Comprehensive dental services to children (2-5 years of age) at pre and elementary school sites throughout Kern County / 377-0322

Kern County Network for Children — 661-636-4488

Hotlines

Kern County Mental Health — 800-991-5272

California Youth Crisis Line — 800-843-5200

Child Abuse / Neglect Hotline — 661-631-6011

National Suicide Hotline — 800-SUICIDE / (800-784-2433)

National Suicide Prevention Line — 800-273-TALK (8255)

National Domestic Violence Hotline — 800-799-SAFE (800-799-7233)

CA Smokers' & Chewers' Helplines — 800-NO-BUTTS (66-28887)

GLBT National Youth Talk Line — 800-246-7743

National Gay & Lesbian Hotline — 888-843-4564 (youth/adult)

Self Injury Hotline-Alternatives to Cutting — 800-366-8288

RAINN Rape, Abuse, Incest National Network — Rape, abuse, incest national network / 800-656-HOPE (4673)

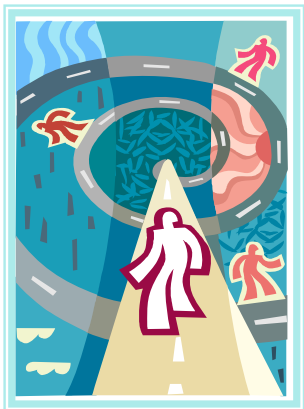
Kern High School District
Attendance Accounting
5801 Sundale Avenue
Bakersfield, California 93306
661-827-3177

Kern County Superintendent of Schools
Office of Christine Lizardi Frazier
1300 17th Street - CITY CENTRE
Bakersfield, CA 93301-4533
661-636-4000

Kern County District
Attorney's Office
1215 Truxtun Ave.
Bakersfield, CA 93301
661-868-2350



The issuer of this booklet does not endorse any of the organizations within. This resource is intended to be a partial listing of community resources. You are encouraged to research and educate yourself on the many other services in our community.



**It's your life.
Only YOU have the
power to decide
your life.**

**Which road will
you choose?**

Success, happiness

Owning your Own Home

Career/Job

College

Graduation

Prom

Driver's License

Positive Friends/Peers

Involved in School

Playing Sports

Staying in School, Getting Good Grades

Life will always have speed bumps (challenges). How and what you choose will determine your journey.

Alcohol/Drug Use

Cutting Class/Tuant

Missing a lot of School

Negative Friends/Peers

Kickin' it with Home Boys

Breaking Curfew

Drug Addiction

Kickin' it with Home Girls

Gang Involvement/Criminal Activity

Suspension/Expulsion from school

Continuation School

On Probation

Juvenile Hall

Low Paying Jobs, Unemployed

Drop out of school

Jail

Death

Physical Injury

*Choose Wisely.
It could cost you
your life.*

You always have the option to choose to change your life.

FAQs for young adults leaving foster care after Jan 1, 2014

▶ Do I Qualify for the Medi-Cal program for former foster youth?

If you were in foster care in ANY state on your 18th birthday or later, live in California now, and are younger than 26, you qualify for the Medi-Cal program for former foster youth. Your income does not matter.



▶ I am in foster care right now. Do I need to reapply for Medi-Cal when I leave foster care?

NO. If you leave foster care at age 18 or older after January 1, 2014, you do not need to reapply for Medi-Cal. You will be automatically moved into the Medi-Cal program for former foster youth when you leave care and will stay covered until 26.

If you left foster care before January 1, 2014, and do not have Medi-Cal right now, you can sign up using a simple, one-page application for former foster youth (called the MC 250A). Most counties have a specific phone number, office, or staff to help former foster youth. For more information, visit coveredtil26.childrennow.org/how-to-sign-up



▶ I just left foster care and want to make sure I am now in the Medi-Cal program for former foster youth. What do I do?

Contact your Medi-Cal worker or county social service office and ask if you are in the Medi-Cal program for former foster youth. Former foster youth should be assigned the '4M' aid code. If you are not in the Medi-Cal program for former foster youth, you can ask the county to move you into this program.



▶ Will I need a new Medi-Cal card when I leave foster care?

NO. You can continue to use the same Medi-Cal card (called a Benefits Identification Card or BIC) that you had when you were in foster care. If you can't find your card, you can ask the county to give you a new one.

▶ If I move to a new county, do I need to reapply for Medi-Cal?

NO, you do not need to reapply. But tell your Medi-Cal worker when you move. Your worker will update your address to make sure you do not have any problems seeing a doctor in your new county.



▶ What's covered?

Medical care, vision exams, dental care, substance abuse treatment, and mental health services. Former foster youth under 21 qualify for some extra benefits such as braces and glasses.

As a former foster youth, you can go to any doctor, therapist, hospital, or dentist that takes Medi-Cal.



Have more questions? Talk to your social worker or go to www.coveredtil26.org for more information.

ideas for parents

Easy Ways to Build Assets for and with Your Child

FAST FACTS

ASSET CATEGORY

Support

The more love, support, caring, and adult contacts a child has, the more likely he or she is to grow up healthy.

Building Support

*African
American
Parents Say:**

- "Praying together, eating, going out."
- "Eating meals (with teens), it's a way to get out from teens what they might not tell you."

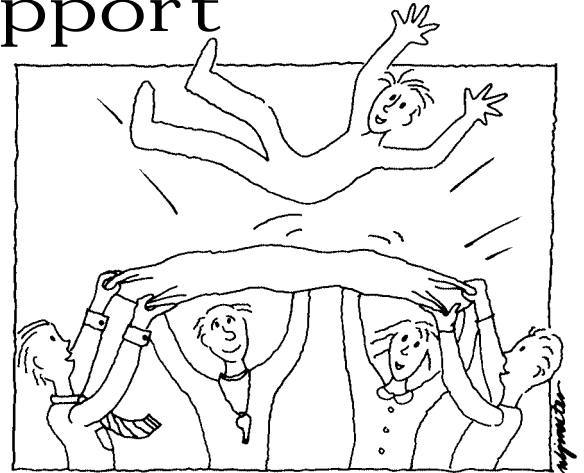
*The Minnesota Family Strength Project Research Report 1997 and 1999.

Everyone Provides the Strength of Support

Who are the people that really support you in your life? These people are important champions. They cheer us on when things go well. They stick with us when life throws us a curve ball. They listen. They ask questions. They smile. They hug. They're people we like to be around.

What kind of a champion are you for your child? Are you a fair-weather supporter? A rain-or-shine supporter? What's your unique way of supporting and loving your child?

Your love and support for your child are critical. But you can't go it alone. You need others. Your child needs others. How supported and cared for does your child feel by teachers, neighbors, coaches, grandparents, aunts, uncles, parents of their friends, youth workers, and mentors? These other key adults



are important players in helping your child jump over the hurdles in life. In fact, the more supportive adults your child has, the better. And by nurturing and loving all the children in our communities, we help them grow to be loving, caring people themselves.

Look to future newsletters for details on all six support assets!

6 Key Areas of Support

Search Institute researchers have identified six specific assets in the support category that are crucial for helping young people grow up healthy. Check the areas of strength in your child's life:

- Family support—Family life provides high levels of love and support.
- Positive family communication—You and your child communicate positively, and your child is willing to seek you out for advice and counsel.
- Other adult relationships—Your child receives support from three or more non-parent adults.

- Caring neighborhood—Your child experiences caring neighbors.
- Caring school climate—School provides a caring, encouraging environment for your child.
- Parent involvement in schooling—You are actively involved in helping your child succeed in school.

Name Three

Have each family member name three ways the family supports her or him.

1
2
3

Support through the Years

Age Ways to Love and Support Your Child

- 0-1
 - Hold your baby and look at her or him during feedings.
 - Respond to your baby's needs.
 - Rock your baby often.
- 2-3
 - Cheer your child on as he or she masters new skills.
 - Touch your child often. Hug. Cuddle.
 - Stay positive when setting limits for your child.
- 4-5
 - When you interact with your child, get down to her or his eye level.
 - Share your child's excitement about her or his interests.
 - Find other caring adults to participate regularly in your child's life.
- 6-10
 - Answer your child's questions. If you don't know an answer, say so and work together to find it.
 - When you and your child disagree, point out you still love her or him.
 - Be silly with your child.
- 11-15
 - Accept the identity your child is forming.
 - Affirm independence and interdependence.
 - At least sometimes, be available to listen.
- 16-18
 - Continue to show affection for your teenager.
 - Let your teen overhear you complimenting her or him to someone else.
 - Seek your teen's opinion or advice on a big decision.

Quick Tip:
A good way to love your child is to be accessible.

More Help for Parents

What Kids Need to Succeed: Proven, Practical Ways to Raise Good Kids. This book gives practical tips for building assets for and with young people. (Available from Search Institute, www.search-institute.org; 800-888-7828.)

Support for Parents

Parents need support, too. Research shows that parents need the help of immediate and extended family, friends, and communities.

So asking for help or advice is not a sign of weakness. Instead, it provides good ideas, encouragement, and reinforcement—all of which are needed to face the challenges of parenting that will come along the way.

FiNal WoRD

“It isn't walls and furniture that make a home. It's the family.”

—Natalie Savage Carlson

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KERN
Stop Meth
NOW



Find us on the web!

Comunidades Sanas



Jovenes Sanos

Ideas Para Padres

Maneras fáciles de formar cualidades positivas en su hijo.

Datos Breves

Tipo de Consejos

El Apoyo

Entre más amor, apoyo, cariño y contacto con adultos tenga un niño, más probable es de que crezca sano.

Construyendo Apoyo

Algunos padres Afro-Americanos dicen que el rezar, comer, e ir a pasear juntos (con adolescentes), es una manera de hacer que compartan cosas que de otra manera no lo harían.”

* Reporte de The Minnesota Family Strength Project Research, 1997 y 1999.

Todos Proveen la Fuerza Del Apoyo

¿Quiénes son las personas que te apoyan en tu vida? Estas personas son defensores importantes. Nos aplauden cuando las cosas van bien. Son nuestro respaldo cuando la vida nos da sorpresas. Nos escuchan, sonrían, nos hacen preguntas y nos abrazan. Estas personas nos hacen sentir bien cuando estamos en su compañía.

¿Que tipo de defensor es usted para sus hijos? ¿Es usted justo? ¿Es usted alguien con quien pueden contar a toda hora? ¿Cuál es la manera única que usted usa para apoyar a sus hijos?

El amor y apoyo que le brinda a sus hijos es muy importantes. Pero usted no puede hacerlo solo. Necesita ayuda de otras personas adultas. Su hijo/a necesita a otras personas adultas. Su hijo/a necesita a otras personas. ¿Que tanto apoyo y apreciación siente sus hijos de los maestros, vecinos, tíos, abuelos, entrenadores, tías, padres,



amigos, jóvenes trabajadores, o mentores? Estos son ejemplos de adultos con papeles importantes en la vida de su hijo en ayudarlo a vencer obstáculos que se le atravesase en la vida. De hecho, entre más adultos apoyen a su hijo, mejor le ira en la vida. Al cuidar y amar a todos los niños en nuestras comunidades, ayudamos a convertirlos en personas cariñosas y amorosas.

¡Espere más de los seis consejos del apoyo en los próximos boletines!

6 Áreas Claves del Apoyo

Investigadores del instituto Search han identificado seis elementos para el éxito (bajo la categoría del apoyo que son cruciales para ayudar a que los jóvenes crezcan sanos. Marque las áreas de fortaleza que existen en la vida de su hijo/a.

- Apoyo de familia- La vida de familia provee niveles altos de amor y apoyo.
- Comunicación positiva dentro de la familia Usted y sus hijos se comunican de forma positiva y sus hijos le buscan voluntariamente para preguntarle cosas o pedirle su opinión.
- Relación con otros adultos- Sus hijos reciben apoyo de por lo menos tres adultos que no sean sus padres.
- Un barrio unido- Sus hijos conviven con vecinos cariñosos.
- Un clima escolar positivo- La escuela provee un ambiente cariñoso y alentador para sus hijos.
- La participación de los padres en la escuela- Esta ayudando de forma activa a que su hijo/a sobresalga en la escuela.

Nombre a Tres

Hagan que cada miembro de la familia (adultos) nombre tres formas en que la familia apoya a su hijo/a.

5 Claves Para Una Buena Comunicación

Edad Maneras de amar y apoyar a su hijo/a

- 0-1
 - Cargue a su bebe y mírelo cuando le dé comer.
 - Haga caso a las necesidades de su hijo.
 - Arrulle a su hijo con frecuencia.
- 2-3
 - Apoye a sus hijos cada vez que aprendan a hacer algo nuevo.
 - Toque a su hijo a menudo. Abráselo. Acarícielo.
 - Tenga un carácter positivo cuando establezca límites para sus hijos.
- 4-5
 - Cuando este comunicándose con su hijo, arrodílese para que este a su nivel.
 - Comparte la emoción de que su hijo/a tiene acerca lo que les interesa.
 - Encuentra otros adultos que puedan participar regularmente en la vida de su hijo/a.
- 6-10
 - Conteste las preguntas que tenga su hijo. Si no sabe la respuesta de algo, dígaselo, y juntos busquen la.
 - Cuando usted y su hijo lleguen a un desacuerdo, hágale saber que de todos modos lo sigue queriendo.
 - Sea chistoso con él / ella.
- 11-15
 - Acepte la identidad que están formando sus hijos.
 - Asegure la independencia de su hijo.
 - Mantenga tiempo libre para escuchar a su hijo.
- 16-18
 - Siga dándole muestras de cariño a su hijo adolescente.
 - Deje que su hijo la oiga diciendo algo bueno del / ella a otra persona.
 - Solicite la opinión o consejo de su hijo cuando tome decisiones importantes.

Apoyo Para Padres

Los padres también necesitan apoyo. Investigaciones muestran que los padres necesitan ayuda de familiares, amigos y de la comunidad.

El pedir ayuda no es un signo de debilidad. Al contrario, provee buenas ideas, ánimo y refuerzo. Todas estas cosas se necesitan para enfrentar los desafíos que el ser padre trae.

Consejo Breve:

Una forma de amar a sus hijos es de estar disponible cuando le necesitan.

Más Ayuda Para Padres

¿Que necesitan niños para ser exitosos? Un método práctica y probado para educar niños física y psicológicamente sanos. Este libro da consejos prácticos para crear cualidades para gente joven. (Disponible a través del instituto Search, www.search-institute.org; 800-888-7828).

Por Ultimo

“Las paredes y los muebles no crean el hogar. Solo la familia hace eso.”

-Natalie Savage Carlson

Este boletín y otros recursos de cualidades son producidos por el instituto Search, www.search-institute.org; 800-888-7828. Copyright 1997, 2003 por Search Institute. Mucho apoyo recibido por Search Institute's Healthy Communities-La iniciativa Healthy Youth es proveida por Thrivent Financial for Lutherans Foundation.



Find us on the web!

Mission Statement:

Our mission is to assist all caregivers of foster/adopt/kinship children by offering our experience, support, training, understanding, and love. Our goal is to work closely with agencies, each other, and community partners to meet the needs of caregivers and to assist in better outcomes for these children and families.

Goals :

- Support all caregivers
- Safeguard children in our homes
- Network with Child Welfare Agencies
- Socialize events for families
- Maintain connections with National Association
- Educate and inform on current policies and regulations
- Share ideas in a friendly atmosphere

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Caregivers of Kern County

Foster a Child's Journey Home



ckckids.org

Caregivers of Kern County

P.O. Box 10051

Bakersfield, CA

93389

(661) 345-2626

questions@ckckids.org

ckckids.yolasite.com



Membership Info:

- \$40.00 per year per household
- First Thursday of each month
6-8pm
- DHS Partnership Building
- Tulare St. by Visitation Center
- Fellowship with other foster parents
- Training provided by : BC Foster and Kinship Care Educational Program 1 ½ hour training certificate

Annual Events:

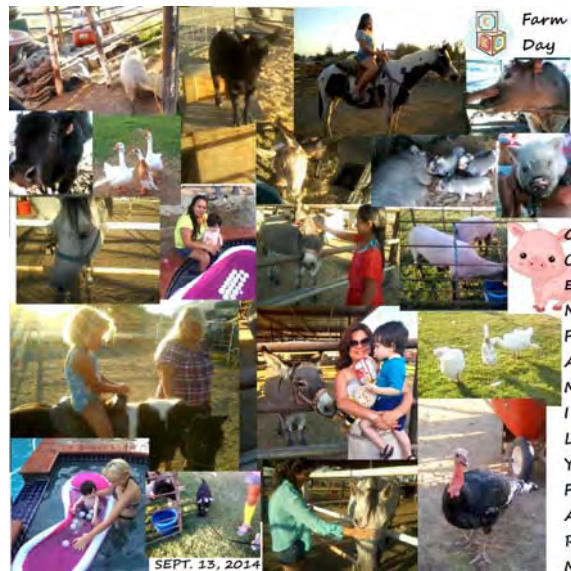
- Easter party
- Back to school/swim BBQ
- Farm Day
- Harvest /Halloween Party
- Christmas Party

What is a Foster Parent?

NFPA Definition: Includes those providing kinship, guardianship, resource and family foster/adoptive care.

Purpose of Family Foster Care:

It is a public trust that requires foster parents, with essential supports from their agencies, to be dedicated to service for the welfare of the children in their care. Each foster parent has an obligation to maintain and improve the practice of fostering. Constantly to examine, use and increase the knowledge upon which fostering is based. And to perform the service of fostering with dignity, integrity, and competence.



"Even Superman had Foster Parents."

Standing Committees:

Auditor
By-laws
Financial
Membership
Publicity
Newsletter
Newsletter Editor

Other Committees:

Community Service
Entertainment
Event Team
Telephone Tree
Fundraising

Email Newsletter
Information:

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