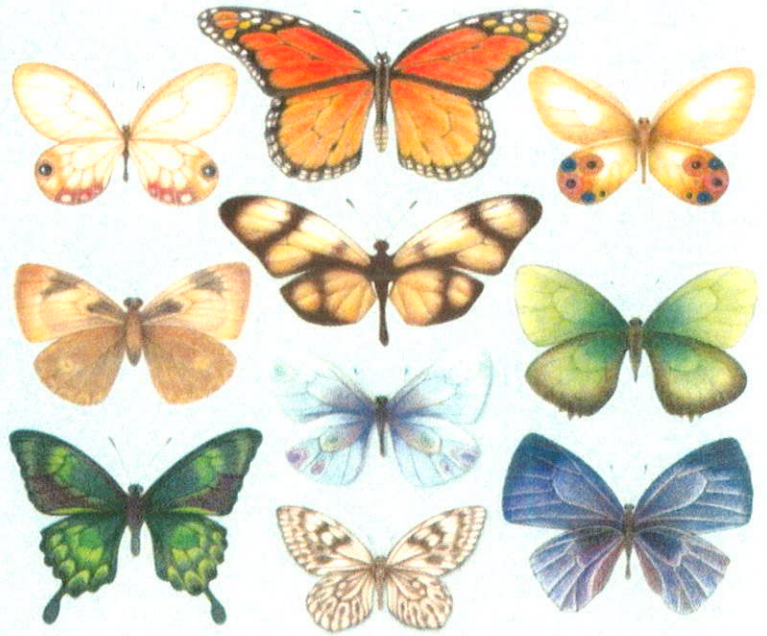


OPTIONS foster family PICNIC



WEDNESDAY ~ JULY 20, 2016
DE ANZA COVE ~ MISSION BAY
9:00AM ~ 2:00PM

**PLEASE
SAVE ~ THE ~ DATE**

Please come join us for a day at Mission Bay filled
with wonderful activities and resources for all.

3000 North Mission Bay Drive
San Diego 92109

Presented by
Options for Recovery Substance Abuse/HIV Infant Program



COLLABORATION: IT'S A BEAUTIFUL THING!

WORKING BETTER TOGETHER WITH PARTNERS TO ACHIEVE BEST OUTCOMES

This interactive workshop is designed to promote teambuilding between San Diego County's Child Welfare Staff & Resource Families.

Participants will learn strategies and skills to improve collaboration and teaming, practice using a collaboration model for problem solving, and more!

Please choose one of the following workshops:

MAY 21 SATURDAY

9:00 AM-4:00 PM

Straight From The Heart
851 W. San Marcos Blvd.
San Marcos, CA 92078

MAY 23 MONDAY

9:00 AM-4:00 PM

HHSA
303 H Street
Chula Vista, CA 91911

MAY 31 TUESDAY

9:00 AM-4:00 PM

San Diego FPA
1089 El Cajon Blvd, Ste.B,
El Cajon, CA 92020

JUNE 13 MONDAY

9:00 AM-4:00 PM

HHSA
303 H Street
Chula Vista, CA 91911

JUNE 17 FRIDAY

9:00 AM-4:00 PM

Straight From The Heart
851 W. San Marcos Blvd.
San Marcos, CA 92078

JUNE 18 SATURDAY

9:00 AM-4:00 PM

San Diego FPA
1089 El Cajon Blvd, Ste.B,
El Cajon, CA 92020

Presented by Peter Dahlin, MS

Bring a lunch!

To register call 1-800-200-1222 or register on-line at www.fakce.org

No Childcare Available - Please do not bring babies or children to class.

PROMOTING HEALTHY SEXUAL DEVELOPMENT IN TEENS

WHEN

**THURSDAY JUNE 16, 2016
6:00 PM—9:00 PM**

WHERE

**Handlery Hotel
950 Hotel Circle North
San Diego, CA 92108**

Register for class @ 1-800-200-1222

TRAINER: KAREN DIXON MS

**REMEMBER
THOSE UNCOM-
FORTABLE
BIRDS & BEES
CONVERSA-
TIONS THAT LEFT
YOU CONFUSED!**

**WHAT HAPPENS
WHEN OUR VAL-
UES & BELIEFS
ABOUT SEXUALI-
TY AND SEXUAL
BEHAVIOR CON-
FLICT WITH
MEETING THE
NEEDS OF OUR
TEENS ?**

**Let's talk about how we
can be most effective in
starting the SEXUAL ISSUES
conversation WITHOUT be-
ing judgmental**

Foster Youth Mental Health Bill of Rights

1. I have the right to receive mental health services in California.
2. I have the right to know about my diagnosis and treatment options in a way that I can understand.
3. I have the right to help make all the decisions regarding my mental health, including treatment and services that meet my needs.
4. I have the right to promptly receive mental health services and treatment.
5. I have the right to promptly receive mental health services in a placement that meets my needs.
6. After my 12th birthday, if I am mature enough, I have the right to seek and consent to mental health counseling and treatment on my own (except psychotropic medication).
7. I have the right to only take medication or other chemical substances that are prescribed by a doctor.
8. I have the right to have the risks and benefits of the medication explained to me in a way I can understand. This includes understanding how my medication may interact with other medications or food.
9. I have the right to tell the doctor if I disagree with any medication the doctor recommends for me.
10. I have the right to tell the judge I disagree with psychotropic medication being prescribed to me. To do so, I should ask my lawyer to fill out the JV-222 (Opposition to Application Regarding Psychotropic Medication).
11. I have the right to ask for mental health services, including a reassessment of my diagnosis and my psychotropic medications.
12. I have the right to work with my doctor to safely stop taking my medications.
13. I have the right to contact my doctor and mental health providers.

14. After my 12th birthday, I have the right to confidentiality when talking to my therapist or doctor.
15. I have the right to confidentiality regarding my medical information and diagnoses. This information can only be shared with authorized individuals in order to help me access and obtain treatment.
16. I have the right to see and get a copy of my court records.
17. At the age of 12 and older, I have the right to see and get a copy of my medical and mental health records, unless a doctor or medical professional believes that it would be detrimental to me.
18. I have the right to continue receiving mental health treatment when my placement changes, including when I am moved to a different county.
19. If I am in foster care on my 18th birthday, I have the right to continue to receive health care, including mental health services through Medi-Cal until age 26, regardless of my income level.



This brochure outlines some of the legal rights of California foster youth within the public mental health system. The rights listed are intended to reflect and support the needs expressed by foster youth in their experience as consumers within the public mental health system.

Office of the Foster Care Ombudsman:

1-877-846-1602

My social worker is: _____

My attorney is: _____

My CASA is: _____

My doctor/pharmacist is: _____

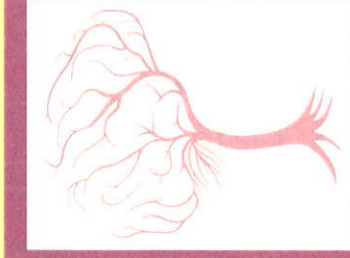
Other: _____



State Of California
Health and Human Services Agency
Department Of Social Services

Foster Youth Mental Health Bill of Rights

Questions to Ask About Medications



Questions To Ask About Mental Health Medication

When you don't feel well, sometimes mental health medication, also called psychotropic medication, can help. If you've tried things like getting better sleep, making changes at school or home, or talking with your therapist and it hasn't helped, then medication may be something for you to consider. But, before taking medication, you should know the following:

- Reason(s) for the medication including your symptoms and diagnoses.
- Alternative treatments instead of medication.
- Risks and benefits of the medication.
- Possible drug interaction(s) with the medication.
- Who to call in an emergency about the medication.

You have the right to understand the benefits and risks to your physical and mental health from taking any medication. You also have the right to agree or disagree with any recommended treatment and to tell your doctor, social worker, probation officer, attorney, and the judge why you agree or disagree. Being informed allows and encourages you to ask questions to help you decide whether or not you agree or disagree with any recommendation to take medication. This brochure will help you know what questions to ask.

Preparing For Your Visit With Your Physician

- Consider asking the following questions before taking psychotropic medication. It is important to be fully informed about the psychotropic medication you are taking.
- If, after asking these questions, you still have questions or doubts about your psychotropic medication or treatment, ask for a second opinion.
- If you need assistance or have questions about this process, you should call your social worker, probation officer, public health nurse, attorney or your CASA (Court-Appointed Special Advocate).
- By asking and writing down the answers to the following questions, you and your caregivers will gain a better understanding of psychotropic medication.

Talking To Your Physician Or Pharmacist

Here are some questions you may want to ask your physician or pharmacist.

1. Can you review the names of the medication that I am currently taking or suggested medication (including over the counter medication such as allergy medication or pain relievers)? Are there possible interactions between any of these medications?
2. What are the common side effects for the medication? If I experience side effects, what is normal and what is not? Whom should I contact if I have questions or concerns about side effects or have an emergency?
3. What are the common side effects for the medication? Is the medication addictive? Can the medication be abused?
4. Are there other activities or treatments besides medication that might help me? What can I do at school or home to help with my mental health besides taking medication?
5. How long will I take the medication? Who should I talk to if/when I am ready to stop taking medication? How will the decision be made to stop the medication?

6. What medical tests (e.g., heart tests, blood work, etc.) need to be done before starting the medication and continuing the medication? How often should I be tested?
7. Who else in my life needs to be informed that I am taking medication?
8. How long does the medication have its effect? How long does it take to wear off? How long will it be effective in my body?
9. Are there any other medications or food to avoid while taking the medication? Should I eat food with the medication? What happens if this medication is combined with tobacco, alcohol, marijuana, or other drugs?
10. Are there any activities, such as driving a car, to avoid while taking the medication? Are there any precautions recommended for other activities? Are there any weather conditions, such as direct sunlight, to avoid while taking the medication?
11. Can you summarize and write a list of actions I should take before my next follow up appointment with my doctor?
12. Can you give me a list and schedule of when I should take my medication? Can you give me information sheets for all my medications?
13. What happens if I take too much or the wrong amount of medication?
14. Are there any special concerns about this medication and pregnancy (if relevant)?
15. If I stay in extended foster care, will the medication be covered by Medi-Cal? How should the medication be stored or kept? Will there be any changes to my treatment plan when I turn 18, 21, and 26 years old?



Talking To Your Social Worker, Probation Officer, Or Public Health Nurse

Here are some ways that you can start a conversation about your medication.

1. What other supports or information can you give me to help me with my treatment plan?
2. What can people at home and school do to help me with my treatment plan?
3. I'd like to try some other activities such as sports to help me with my treatment plan. Can you help me sign up for _____?
4. The medication is helping me with _____ The medication does not help me with _____.
5. When I take my medication, my mind feels like _____ and my body feels like _____.
6. I have been experiencing side effects. I've noticed that _____.
7. Is my height and weight being checked often enough? Is any lab work being done to monitor my medication?
8. I currently take the following medications _____ and the following vitamins _____ and the following over the counter medications _____. Do you see any risks in combining these medications?

Talking To Your Attorney Or Judge

You can always tell your attorney or judge, I'd like to talk to you about my medication and treatment plan.

1. What rights do I have? Can you review the Foster Youth Mental Health Bill of Rights with me?
2. Are my rights regarding my medication and treatment plan being upheld? What can I do if my rights are not being upheld?
3. I don't agree with the recommendation to take medication. What choices do I have?

Questions to Ask about Medications adapted from: Psychiatric Medications for Children and Adolescents Part III: Questions to Ask and <http://www.chiomindsmatter.org/Parents.html>



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
CHILD WELFARE SERVICES
8965 BALBOA AVENUE, MAIL STOP W-473
SAN DIEGO, CA 92123-1507
(858) 616-5811 • FAX (858) 616-5908

DEBRA ZANDERS-WILLIS
DIRECTOR, CHILD WELFARE SERVICES

FOSTER CHILDREN'S PERSONAL RIGHTS

It is the policy of the state of California that all minors and nonminors in foster care shall have the following rights, pursuant to Welfare and Institutions Code Section 16001.9:

- (1) To live in a safe, healthy, and comfortable home where he or she is treated with respect.
- (2) To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
- (3) To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
- (4) To receive medical, dental, vision, and mental health services.
- (5) To be free of the administration of medication or chemical substances, unless authorized by a physician.
- (6) To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers.
- (7) To visit and contact brothers and sisters, unless prohibited by court order.
- (8) To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- (9) To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- (10) To attend religious services and activities of his or her choice.
- (11) To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.

- (12) To not be locked in any room, building, or facility premises, unless placed in a community treatment facility.
- (13) To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level, with minimal disruptions to school attendance and educational stability.
- (14) To work and develop job skills at an age-appropriate level, consistent with state law.
- (15) To have social contacts with people outside of the foster care system, including teachers, church members, mentors, and friends.
- (16) To attend Independent Living Program classes and activities if he or she meets age requirements.
- (17) To attend court hearings and speak to the judge.
- (18) To have storage space for private use.
- (19) To be involved in the development of his or her own case plan and plan for permanent placement.
- (20) To review his or her own case plan and plan for permanent placement, if he or she is 12 years of age or older and in a permanent placement, and to receive information about his or her out-of-home placement and case plan, including being told of changes to the plan.
- (21) To be free from unreasonable searches of personal belongings.
- (22) To the confidentiality of all juvenile court records consistent with existing law.
- (23) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- (24) To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.
- (25) To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual and transgender youth in out-of-home care.
- (26) At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid for postsecondary education.
- (27) To have access to age-appropriate, medically-accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually-transmitted infections at 12 years of age or older.

(28) To be annually provided with copies of his or her credit report at no cost if age 14 or over per WIC 10618.6.

(29) To stay safe and avoid exploitation.

Nothing above shall be interpreted to require a caregiver to take any action that would impair the health and safety of children in out-of-home placement.

These rights have been explained to me and I have received a copy of this form.

Printed Name of Youth	Printed Name of Witness
Signature of Youth	Signature of Witness
Date Youth Signed	Date Witness Signed

I/We have read and understand the above summary of the personal rights of children and agree to abide by them. **I/We are aware that any failure to comply with these regulations could result in the revocation of my/our license or approval of my/our home.**

Printed Name of Caregiver #1	Printed Name of Caregiver #2
Signature of Caregiver #1	Signature of Caregiver #2
Date	Date